

Duplicate #

JAMAICA.

ANNUAL REPORT

BY THE

SUPERINTENDING MEDICAL OFFICER,

*Together with the Reports on the following Departments of the Medical Service
of the Island, viz:*

THE PUBLIC HOSPITAL

THE LEPERS HOME

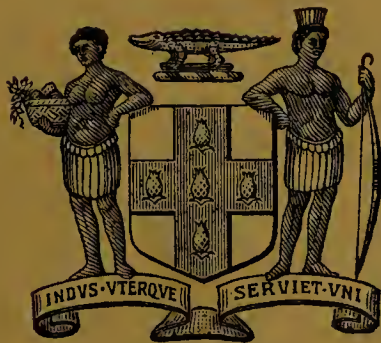
THE LYING-IN HOSPITAL

THE LUNATIC ASYLUM

FOR

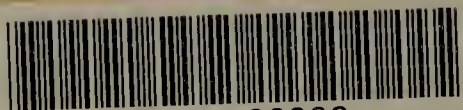
THE YEAR ENDED 31ST MARCH, 1908.

Ordered by His Excellency the Governor to be Printed.



WELDON'S NOTE	
Col.	
Call	+
No.	Am-Rep
	WASB
	.GJ2
	J27

1908



22501398332

ISLAND MEDICAL DEPARTMENT.

Report on the Island Medical Department for the year ended 31st March, 1908.

The accompanying returns and reports which are submitted for the information of his Excellency the Governor, embrace the period between April 1st, 1907, and March 31st, 1908, inclusive.

2. The department has during the past year lost an old and trusted servant in Mr. Pearson, Chief Clerk to the Island Medical Office. Mr. Pearson has served the Government for 38 years and leaves the department with a reputation well deserved for trustworthiness, loyalty and straightforwardness. It is to be hoped that he will live to enjoy his well earned pension for many years to come.

3. The following transfers took place in the District Medical Service :—

Dr. V. ff. Mullen, from Plantain Garden River to Moneague

Dr. Rogers, from Moneague to Gordon Town

Dr. Gifford, from Annotto Bay to Kingston

Dr. Edwards, from Gordon Town to Lower St. Andrew

Dr. Campbell, from St. David's to Montego Bay

Dr. Johnston, from Montego Bay to St. David's

Dr. Ritchie, from the Public Hospital, Kingston (Supernumerary) to Annotto Bay.

4. Dr. F. R. Evans, late D. M. O. of the now abolished Manchioneal District, as also late Supernumerary at the Public Hospital, Kingston, was appointed D. M. O. of the Plantain Garden River District at a salary of £100, an extra £50 being added on condition that Manchioneal Village should be made an Outstation. Date of taking up duty 10th October, 1907.

Dr. F. H. Cooke, late Supernumerary at the Public Hospital, Kingston, was appointed D. M. O. of Ulster Spring, a stipulation being made that he should live south of the Alps, so that he should be within easy call of the large peasant proprietor population in that District.

Dr. E. V. Smith was attached to the Public Hospital, Kingston, from 17th September, 1907, to March 31st, 1908, during Dr. Allwood's absence in England, receiving a salary at the rate of £200 per annum.

5. Owing to the promotion of Dr. Clare to the Surgeon Generalship of Trinidad, the opportunity was taken of dividing Kingston into two separate districts as formerly.

The new D. M. O. for the district of Lower St. Andrew is now in charge of the almshouse and it is his duty to pay a daily visit to that institution just as if it were a hospital. This naturally tends to greater efficiency in the care of the sick poor in that institution. Arrangements have been made by which patients and paupers shall be seen the day they present their ticket to or call the D. M. O. of Kingston. In addition to which, every pauper patient must be attended right through an illness, consequently no complaints should ever arise on the grounds of want of attention or inability to obtain attendance.

6. During the year two general examinations were held in Kingston. In all 24 candidates presented themselves for examination, including 2 from the Public Hospital, Kingston, of the above 6 satisfied the examiners including all from the Public Hospital.

Licenses were granted to the successful candidates.

7. The following returns show the number of vaccinations performed during the past and several preceding year.

Year.	Successful.	Unsuccessful.	Did not return.	PAYMENTS TO			
				D. M. O's.	Constables.	Registrar.	Total cost.
				£ s. d.	£ s. d.	£ s. d.	£ s. d.
1906-1	15,488	525	461	...	...	...	943 8 8
1901-2	14,471	680	300	...	...	...	884 2 7
1902-3	26,596	737	418	...	...	...	1,560 18 8
1903-4	18,530	434	305	...	...	...	1,547 16 11
1904-5	21,891	526	355	...	...	...	1,540 1 4
1905-6	29,112	625	468	...	...	...	1,672 1 7½
1906-7	24,470	404	345	1,323 16 0	338 12 1	245 1 5	1,907 10 11
1907-8	22,916	524	392	915 15 0	236 14 9	220 9 8	1,372 19 5

8. Full return for the year 1907-8, of the number of cases of yaws in each parish and the cost thereof.

Parish.		FEES.			
		No. of	D. M. O's.	Constables.	Total.
			£ s. d.	£ s. d.	£ s. d.
Kingston	...	...	...	...	...
St. Andrew	...	164	20 3 0	2 1 0	22 4 0
St. Thomas	...	1,295	132 14 6	4 14 3	137 8 9
Portland	...	168	21 12 0	2 0 0	23 12 0
St. Mary	...	605	64 0 6	2 1 6	66 2 0
St. Ann	...	79	12 0 6	...	12 0 6
Trelawny	...	24	5 15 6	...	5 15 6
St. James	...	516	51 12 0	...	51 12 0
Hanover	...	55	6 14 0	...	6 14 0
Westmoreland	...	15	2 2 0	...	2 2 0
St. Elizabeth	...	168	21 3 0	8 0 0	29 3 0
Manchester	...	9	2 8 0	0 2 3	2 10 3
Clarendon	...	12	1 4 0	...	1 4 0
St. Catherine	...	179	24 10 0	...	24 10 0
Paid by Inspector General Police		3,289	365 19 0	18 19 0	384 18 0
		...	...	30 8 0	30 8 0
				49 7 0	415 6 0

The number of cases of yaws reported has having been treated in each parish for the last 3 years is as follows :—

		1905-6.	1906-7.	1907-8.
Kingston	...	...	...	...
St. Andrew	...	62	765	164
St. Thomas	...	65	479	1,295
Portland	...	...	243	168
St. Mary	...	753	661	605
St. Ann	...	...	20	79
Trelawny	...	2	140	24
St. James	...	31	...	516
Hanover	...	...	224	55
Westmoreland	...	...	136	15
St. Elizabeth	...	431	83	168
Manchester	...	...	1	9
Clarendon	...	210	425	12
St. Catherine	...	...	335	179
		<u>1,554</u>	<u>3,512</u>	<u>3,289</u>

9. The proclamation issued by His Excellency the Governor declaring the several ports of the Republic of Brazil and the Caribbean Coast of Costa Rica, between and inclusive of points Caretto and Pincon in Venezuela, and Mazatlan in Mexico to be infected places within the meaning of the Quarantine Law continued in force.

The Quarantine Board has asked the Government to obtain through His Majesty's representatives reports of the health conditions existing in those countries, with a view to the consideration should the conditions permit of the withdrawal of the proclamations.

10. The proclamation existing against Trinidad for yellow fever still continues in force.

11. Cuba—arrivals from which island were frequently subjected to quarantine restrictions during the year is now happily free from infectious disease, the Consul General having notified on March 18th that the island was free from yellow fever.

The last case of that disease was reported from Port of Spain as occurring on March 4th.

12. The sum voted for quarantine expenses was £730 12s. and the gross expenditure was £946 12s. 2d.

Herewith are recorded the amounts collected from passengers for maintenance at the Lazaretto during the past few years :—

1901-2	...	£35 10 6
1902-3	...	29 5 9
1903-4	...	68 11 0
1904-5	...	nil.
1905-6	...	60 17 7½
1906-7	...	56 17 11
1907-8	...	317 3 4

The monthly amounts received during the year just completed are as follows :—

April	...	£12 1 6
September	...	51 5 0
"	...	28 11 9
October	...	21 12 0
"	...	30 13 4
"	...	34 10 0
November	...	48 5 10
"	...	28 16 2
December	...	26 12 6
January	...	28 19 3
March	...	5 16 0

The following list will show the number of passengers that landed at the Quarantine Station during the past year as well as the names of the ships on which they arrived here.

Date.	Ship.	Whence.	Passengers.			Of these there were in transit.		
			1st.	2nd.	3rd.	1st	2nd.	3rd
April 11. ...	S. S. Oteri	Cuba	—	1	16	—	—	—
September 3. ...	"	"	8	1	113	5	—	60
September 18. ...	"	"	9	—	52	3	—	35
October 5. ...	"	"	11	1	99	—	—	58
October 21. ...	"	"	5	2	45	—	—	—
November 14. ...	"	"	29	5	110	25	—	78
November 27. ...	"	"	5	—	36	4	—	6
December 11. ...	"	"	8	—	47	—	—	23
January 24. ...	"	"	31	—	63	14	—	31
March 5. ...	"Port Kingston"	Avonmouth	—	4	—	—	—	—

The fees paid by passengers for maintenance at the quarantine station have been for many years according to the following scale :—

1st Class passengers	...	6/ per day.
2nd Class passengers	...	3/6 per day.
3rd Class passengers	...	1/6 per day.

while the fees payable to the contractor for supplying food to those resident in the quarantine station were more or less the following, some slight variation taking place from year to year :—

1st class	...	5/5 to 5/6
2nd class	...	2/5 to 2/7
3rd class	...	1/6 to 1/7

During the past year however, His Excellency the Governor with the concurrence of the quarantine board decided that the fees payable by passengers in the quarantine station should be raised as follows :—

1st Class passengers	...	10/6 per day.
2nd Class passengers	...	5/ per day.
3rd Class passengers	...	3/ per day.

The above rates will be increased 50 per cent. for passengers under treatment in the hospital at the quarantine station.

Unfortunately, contractors prices for food will rise proportionately inasmuch as the quarantine board has decided that the meals supplied to passengers in quarantine should be improved both in quality and variety of foodstuffs. A greater allowance of fresh food and consequently less of the tinned article will be for the future supplied, as also fruit, ice, etc. while the contractor undertakes to send over a cook when necessary to see that the meals are properly cooked.

It is very evident that the fees paid by passengers have been little more than enough to cover the bare cost of their food while the main cost of the upkeep of the quarantine station has fallen upon General Revenue. It seems only fair that those who use the above institution should contribute a little more to its upkeep for they certainly do not hesitate to grumble at almost everything connected with it, and yet doubtless expect to find a first class institution with first class attendance, etc., for the fees hitherto paid.

13. The following improvements have been sanctioned on the estimates for the year 1908-09 :—

1. The building of mosquito proof rooms in the hospital.
2. The provision of partitions to separate the various classes of inmates.
3. The erection of a fresh water tank to hold 10,000 gallons for hospital use and the placing of necessary connections therewith.

The question of a satisfactory and sufficient water supply for this institution is one that will have to engage the attention of the authorities, for owing to the prolonged drought during the year water which has up to the present been collected in two tanks from the roofs ran short, and a supply had to be bought from the contractor.

Both tanks have been close-boarded during the year, certain portions being left open for aeration, these latter portions are screened with wire gauze mosquito netting so that any possibility of the tanks being converted into breeding places for mosquitoes has now come to an end.

The position of the quarantine station however is an unfortunate one. It is situated close to an old quarry which is now a lagoon swarming at times with mosquitoes. To prevent the continuous breeding of mosquitoes, the lagoon should be filled in, a thing that could very well be done and that might be done relatively cheaply by the employment of convict labour.

The outlay necessary to accomplish this would be a mere bagatelle compared with the cost of an outbreak of yellow fever, should such a thing happen. The filling in of this lagoon would rid the institution of a very great possible cause of infection, for mosquitoes have no business to abound or have a handy breeding place near a quarantine station.

In addition to the lagoon the rocks in the neighbourhood of the Lazaretto appear to be a breeding place for mosquitoes, being very porous.

A camber is much needed at Green Bay, as the sea during the period of daily sea breeze often runs very high, and the landing of a sick patient is a matter of distinct danger—in fact, it would be frequently a most undesirable thing to do until the sea breeze has abated.

A force pump should be installed, connected with a tank which should be kept full of sea water, for the use both of passengers requiring baths as well as for the extinction of fire should such a thing occur,

Some extra accommodation is required for third class passengers. Seventy cots are being supplied this year in order to accommodate a larger number of deckers than can be accommodated now, but a greater space is required to lodge them conveniently.

The fresh water supply ran out during the year and a supply had to be obtained by contract—a very inconvenient matter.

A small isolated house should be built higher up the hill in order to house any stray case of small-pox or plague that might develop among the passengers in the quarantine station.

The present hospital wards have no ceiling, in addition to which eaves ventilation exists, and incomplete separation of the wards from one another, also owing to the fact that the partitions between them do not reach to the roof; the windows also are such as do not assist disinfection.

Proper ceilings are necessary.

It would be a distinct advantage were the Steam Launch belonging to the Harbour Master's Department to be at the service of the Health Officer on rough days and when either the sick have to be attended at the quarantine station or daily visits have to be paid to that institution. It is no fun having to row from Port Royal to the Lazaretto in rough weather. The Government should seriously consider the matter as the quarantine board has raised the question of the necessity of a launch before now.

Some extra provision has been made on the estimates for the year 1908-09 for equipment in order to improve the condition of the quarantine station. £50 has been put down for this object.

In addition to this, the sum of £49 16s. 6d. has been allowed with the object of allowing more accommodation for deckers. Enough canvas cots will be supplied, in case of a temporary rush of patients, to provide 150 persons with sleeping accommodation.

When a large number of persons have to be accommodated many of them sleep in the verandahs and the canvas cots are supplied for that purpose.

14. People often wonder at our old fashioned quarantine laws and many grumbles are made by those who have to subject themselves to quarantine at Green Bay.

Nothing would please the quarantine board more than to be able to introduce generally, for all classes, the system known as "surveillance"—a system by which passengers (instead of being shut up in the Lazaretto) are allowed to land on condition they report themselves daily to the District Medical Officer of whatever District they may be residing in, until that number of days has been completed corresponding to the incubation period of whatever disease has to be guarded against.

The following letter will show the small amount of confidence that the quarantine board can place on the good faith of tourists and will explain why the members of that board have to harden their hearts when requests to shorten the quarantine period or to be allowed to land without doing quarantine are made to them by passengers.

June 14th, 1906.

No, 25/332.

Hon. Colonial Secretary.

Referring to a conversation that I had with his Excellency the Governor yesterday, I would like to record a fact that I mentioned to him, the details of which, however, I was not certain of inasmuch as it happened some six months back.

On December 26th by mistake, as Chairman of the Quarantine Board I recommended that the passengers of the S. S. "Oteri," coming from a port where yellow fever was said to exist, should undergo surveillance—the Board acting on my mistake (I thinking that the new Law was just in force) agreed.

What was the result—

Forty-four passengers were told to report themselves to the District Medical Officer of Kingston daily and of these 23 never reported themselves at all.

Of the 21 who reported themselves ; (a) 5 only appeared once. (b) 3 appeared twice and (c) the rest three times as ordered.

I append Dr. Clare's letter. His bill amounted to £4 4s. 0d. which was paid.

Regarding the Parishes—17 passengers were told to report themselves to the various District Medical Officers and none did so.

I append a wire and two letters from three of the District Medical Officers recording the fact. No accounts were consequently sent in. This will show the difficulty in being certain that passengers who get into the bush will ever take the trouble to report themselves.

Sgd.

J. E. KER.

With the above letter in view, the Quarantine Board is hardly likely to try any experiments, especially when its members have in their minds the fact that the health of this Island and the success of its fruit trade depend to a great extent on their vigilance and care in the matter of Quarantine. It is a curious fact that other West Indian Islands which are adherents of the Barbados Quarantine Convention have been recently severely bitten by yellow fever, which has run, in one case at all events, a very long course. The Quarantine Law with its amendments as it now stands is somewhat out of date and it is to be hoped that it may be revised and consolidated in time for the next session of the Legislative Council.

15. The sum granted for Quarantine expenses was £700 12s., and the gross expenditure was £947 1s. 8d.

The amount collected from persons admitted into the Lazaretto was £317 3s. 4d., and the net expenditure, after deducting the amount collected and paid into the Treasury was £629 18s. 4d.

The following are the chief improvements that have been effected in the various Hospitals during the past year 1907-8.

Morant Bay—A covered way has been built between the kitchen and the store room.

Port Antonio—A small building was erected for the storing of soiled linen, drugs, etc. Some brick paving has been laid under the upstairs latrines. Gutters have been made in the Coolie Ward floors for its better washing down.

Buff Bay—Two partitions have been removed from the Female Ward thus improving what there is of it, and a small latrine was formed alongside it out of an old closet.

Annotto Bay—A new range of buildings, comprising kitchen, bath room, linen rooms, nurses room and store room were erected, as was also a new latrine to hold 15 buckets, 10 for males and 5 for females. A supply of water is laid on by means of a concrete channel kept filled by a cistern.

Port Maria—Two cement troughs were added to the wash house. The jalousies that existed on the road side of the Hospital have been removed and glass and boarding put up instead. This is a distinct improvement as the dust from the road used to blow in in clouds whenever a banana cart passed in dry weather, and neither the store nor dispensary could be kept clean.

St. Ann's Bay—The Female Ward has been improved and enlarged by the removal of some wooden partitions and the taking in of the passage. This change distinctly adds to the light and ventilation of the ward.

The recreation shed has been re-sarked and re-shingled.

The post mortem room has had a gutter made.

Lucea—A concrete gutter has been laid between the Hospital and the wash house so that drainage has been improved.

New flooring has been provided in parts.

Two partitions have been removed in the Male Ward giving more light and ventilation.

Savanna-la-Mar—The dirty linen room has been concreted. Water has been laid on to the operating room and the dispenser's quarters. A wood shed has been built.

Mandeville—A covered way has been erected between the Hospital and the kitchen.

Chapelton—A new latrine has been built off one of the Male Wards,—a very necessary and long wanted addition.

Spanish Town—A concrete floor has been laid in the food store.

16. *New Beds*—Efforts are now being made to provide every Public General Hospital with at least one fracture bed with self lifter and proper extension apparatus, a convenience that does not now exist in these Hospitals, and many will be supplied during the year 1908-1909.

As beds wear out and have to be replaced, new ones, as far as possible, will all be ordered of one or two standard patterns, so that any damaged parts may be easily replaced.

At the present moment the supplying of new spring mattresses is somewhat awkward, as the patterns are varied.

17. New spring mattresses have been distributed to the following Hospitals to replace others worn out :—

St. Ann's Bay	...	9
Montego Bay	...	5
Mandeville	...	5
Port Antonio	...	21

while bedsteads have been distributed as follows :—

Chapelton Hospital	...	6
Lionel Town	...	27
Savanna-la-Mar	...	12
Port Antonio	...	24

In future an attempt will be made to have spring mattresses for Creole Wards, and good solid soldier bedsteads for Coolies who, owing to the fact they will stand on them when getting into them wear them out quickly, unless they are very strong.

The following return shows the cost of the Public General Hospitals, the daily average, and the cost per annum and per day of each patient treated.

Hospital.		Total cost of Hospital for year 1907-08.	Daily average No. of patients.	Cost of each patient per day.	Cost of each patient per annum.
Morant Bay	...	£413 10 0 $\frac{3}{4}$	29	9 $\frac{1}{2}$ d.	£14 5 2
Hordley*	...	351 14 2	14	I 4 $\frac{1}{2}$	25 2 5 $\frac{1}{4}$
Port Antonio*	...	1,436 8 9	98	9 $\frac{3}{4}$	14 13 1 $\frac{3}{4}$
Buff Bay*	...	399 14 10 $\frac{3}{4}$	21	I 0 $\frac{1}{2}$	19 0 8 $\frac{1}{2}$
Annotto Bay*	...	1,710 6 10 $\frac{1}{4}$	124	9 $\frac{1}{4}$	13 15 10 $\frac{1}{4}$
Port Maria*	...	769 18 4 $\frac{1}{2}$	47	10 $\frac{3}{4}$	16 7 7 $\frac{1}{2}$
St. Ann's Bay	...	458 19 1 $\frac{1}{2}$	19	I 4	24 3 1 $\frac{1}{4}$
Cave Valley	...	131 2 7 $\frac{1}{2}$	5	I 5 $\frac{1}{4}$	26 4 6 $\frac{1}{4}$
Falmouth	...	375 12 2 $\frac{3}{4}$	14	I 5 $\frac{3}{4}$	26 16 7
Montego Bay	...	412 5 0	17	I 4	24 5 0
Lucea	...	375 0 1	12	I 8 $\frac{3}{4}$	31 5 0
Sav.-la-Mar*	...	504 2 10	28	I 0	18 0 1
Black River	...	455 0 11 $\frac{3}{4}$	23	I 1	19 15 8 $\frac{1}{4}$
Mandeville	...	514 15 8 $\frac{3}{4}$	15	I 10 $\frac{1}{2}$	34 6 4 $\frac{1}{2}$
Chapelton	...	700 12 6 $\frac{3}{4}$	29	I 4	24 3 2 $\frac{1}{4}$
Lionel Town*	...	920 15 7 $\frac{1}{2}$	71	8 $\frac{1}{2}$	12 19 4 $\frac{1}{2}$
Spanish Town	...	862 2 0 $\frac{1}{4}$	63	9	13 13 8

Large Coolie Hospitals are marked thus *

18. The following return shows the cost of the Public General Hospitals, the daily average, and the cost per annum and per day of each patient treated.

Hospital.	Coolie admissions.	Creole admissions.	Total admissions.	Largest daily No.	Smallest daily No.	Daily average.	Mortality.
Morant Bay	... 239	295	534	32	14	29	2'8
Hordley	... 401	154	555	33	5	14	1'8
Port Antonio	... 2,394	965	3,359	149	63	98	1'67
Buff Bay	... 830	107	937	43	9	21	2'4
Annotto Bay	... 4,343	308	4,651	262	46	124	1'40
Port Maria	... 902	478	1,380	86	20	47	3'0
St. Ann's Bay	... ...	285	285	26	10	19	3'5
Cave Valley	... ...	83	83	9	3	5'7	1'13
Falmouth	... ...	209	209	25	5	14	4'3
Montego Bay	... 7	221	228	23	11	17	3'94
Lucea	... ...	244	244	16	7	12	6'3
Sav.-la-Mar	... 687	174	861	49	12	28	1'2
Black River	... ...	385	385	33	15	23	3'2
Mandeville	... ...	259	259	24	10	15	5'0
Chapelton	... 128	361	489	44	25	29	7'56
Lionel Town	... 1,921	141	2,062	135	33	71	1'21
Spanish Town	... 640	620	1,260	122	39	63	5'3

19. The total number of patients treated, classified as under, was 17,883 with 429 deaths being a death rate of 2.36. The returns for three years are as follows :—

		1905-6.	1906-07.	1907-08.
Constables	...	570	557	597
Paupers on parochial road		46	61	87
Poor persons	...	4,651	4,601	4,945
Coolies	...	8,468	12,176	12,302
Prisoners	...	11	5	7
Paying patients	...	149	110	128
		<u>13,895</u>	<u>17,510</u>	<u>18,066</u>

20. A large number of outpatients were treated by D. M. O's. in their several medical districts—the persons so dealt with during the past three years are classified as follows :—

It will be seen that the numbers of prisoners and paupers were largely in excess of the previous years—the increase in the pauper total is probably due to the drought which caused so much loss to the country in cattle and foodstuffs, and which consequently has made paupers of or so-called temporary paupers of so many people. Some people think that the drought inasmuch as it was almost general all over the island, has done even more damage than the earthquake which was more or less local. I am not able to give an opinion on the matter but the large increase in paupers and provisions must have some very definite cause.

		1905-06.	1906-07.	1907-08.
Constables	...	2,136	1,972	2,026
Prisoners	...	1,942	1,792	3,480
Pauper visits	...	13,845	12,112	18,872
Immigrants	...	3,884	3,637	3,812
Parochial midwifery cases		89	65	62

21. The following diseases were noticeable last year in the returns sent in from the Public General Hospitals in the parishes (excluding Kingston) as having been admitted.

Malaria has been more noticeable than last year, a fact probably due to the drought, and admissions to hospital have been more numerous in consequence. A very severe epidemic took place all over the parish of Portland during the year, but only a small per centage naturally came to hospital, otherwise the number of admissions would even be larger than it is. This disease shows the very large number of 6,844 cases and 89 deaths.

The Intermittent Variety, not including Kingston, numbers 5,980 cases and 34 deaths.

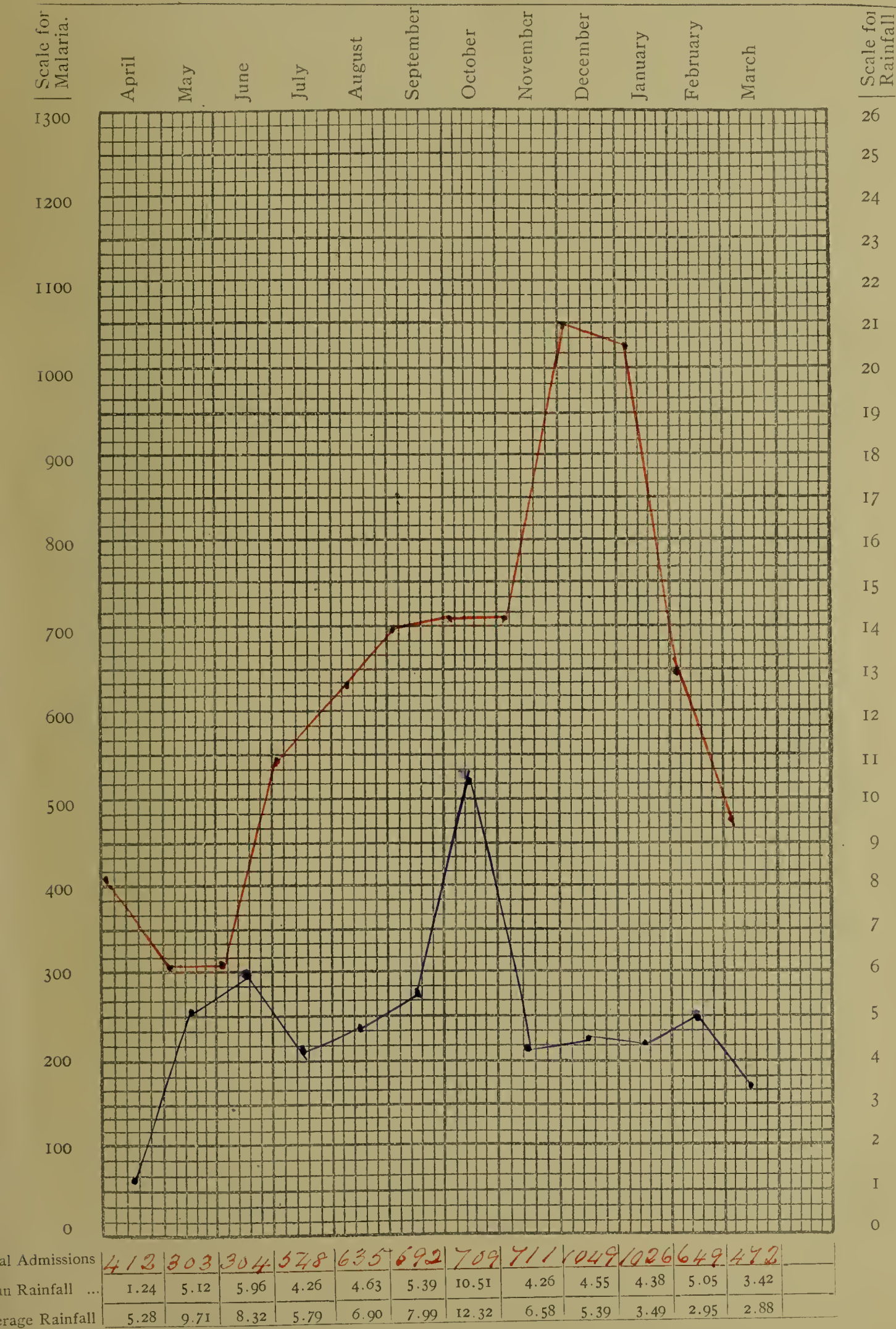
The Remittent Variety 824 cases and 36 deaths.

Pernicious Malaria shows 38 cases and 18 deaths.

Annotto Bay Hospital comes first with 1,780 cases, while Port Antonio runs a good second with 1,611 cases, Lionel Town coming third with 933 cases.

The following schedule marked A shows the number of cases admitted each month to the various hospitals while the 2 diagrams attached show the relative relationship between rainfall and malaria.

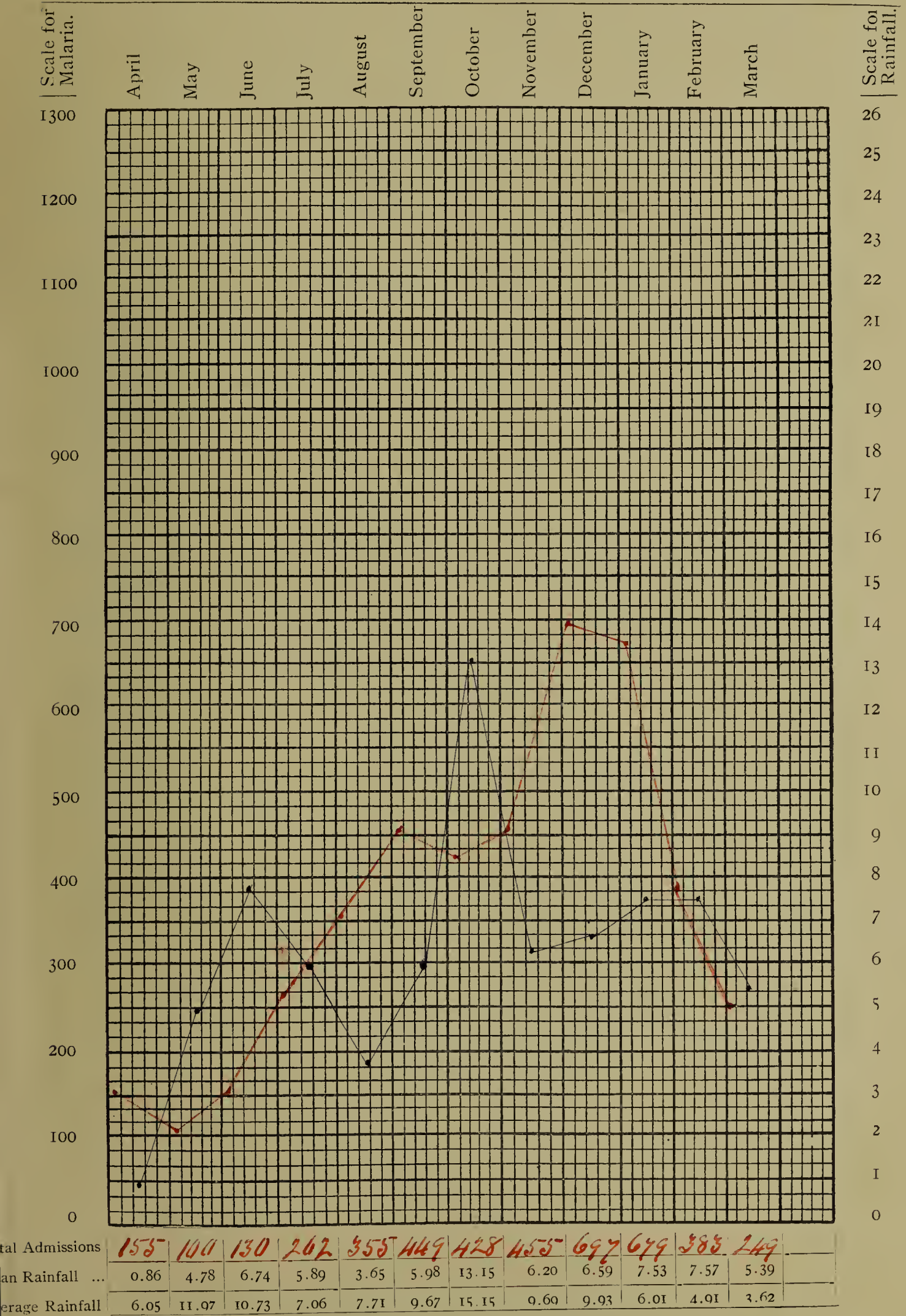
Chart showing the monthly number of admissions to the Public Hospitals in Jamaica for Malaria as well as the monthly Rainfall during the Financial year 1907-8.



Total Admission for Malaria 7510

The Rainfall is taken from the Jamaica Weather Report and is based upon the "Average" Stations only.

Chart showing the monthly number of admissions to the four Public Hospitals in the parishes of Portland and St. Mary for Malaria as well as the monthly Rainfall in the North-Eastern Division during the Financial year 1907-8.



Total Admissions to the Public General Hospitals of Port Antonio, Buff Bay, Annotto Bay, and Port Maria for Malaria **4342**

The Rainfall is taken from the Jamaica Weather Report and is based upon the "Average" Stations only.

A.—Table showing the number of Admissions per month to the various Public General Hospitals in Jamaica on account of “Malaria.”

	April.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	March	Total.	Deaths.	Pernicious Malaria.	Deaths.
Morant Bay	...	6	4	9	11	15	8	13	24	25	17	19	152	3	2	2
Hordley	...	7	10	18	22	23	25	9	38	17	22	19	220	2	...	...
Port Antonio	...	32	26	106	218	249	243	163	206	202	86	45	1,611	7	...	...
Buff Bay	...	7	7	42	60	83	45	61	64	61	32	29	507	8	2	2
Annotto Bay	...	92	60	93	55	85	108	186	342	343	218	132	1,780	18	...	...
Port Maria	...	24	7	21	22	32	32	45	85	73	47	43	444	4	3	2
St. Ann's Bay	...	2	3	3	3	2	3	5	10	6	7	3	49	...	...	...
Cave Valley	1	1	...	2	...	1	...
Falmouth	3	2	2	6	2	6	1	...	...	1	23	5	2	1
Montego Bay	...	4	...	...	3	3	9	3	4	4	2	2	36	...	...	...
Lucea	...	5	4	2	6	3	2	2	2	3	...	...	31	3	...	...
Sav.-la-Mar	...	19	13	40	33	27	47	42	37	38	41	33	388	...	...	...
Black River	...	1	...	3	6	4	14	9	10	5	5	1	60	...	...	...
Mandeville	1	2	...	1	...	5	...	...	...
Chapelton	...	6	3	3	7	7	7	3	15	19	7	5	89	1	...	...
Lionel Town	...	138	89	81	59	31	60	47	84	122	85	87	913	3	...	...
Spanish Town	...	24	19	54	41	58	38	49	72	55	45	28	514	35	21	13
Totals	...	367	248	477	548	628	643	644	996	974	616	447	6,844	89	31	20
Kingston P.H.	...	45	55	71	87	64	66	67	53	52	33	25	666	32		
Totals	...	412	303	548	635	692	709	711	1,049	1,026	649	472	7,510	121		

Diseases of the Skin show 2,378 cases with 5 deaths, as against 4,078 cases and 13 deaths last year—a decided improvement. Many of these skin cases are ulcers on the legs caused by ticks and other insects which if not cured at once become inflamed and then heal very slowly, causing the patient to remain in hospital several weeks to the detriment of the taxpayer; and in the case of coolies the estate owner.

Diseases of the Digestive System show 1,268 cases and 57 deaths as against 867 cases and 43 deaths last year. It is no great wonder that these diseases have increased during the year 1907-08: for when one considers the drought which has existed practically all over the island, the difficulty with which, in the “dry districts” people obtained food at all, and how many persons ate food that was quite unripe and drank water that was quite unfit to drink, one is hardly astonished at the increase in the number of diseases of the digestive system; one can only say that one should be thankful that the number is not far greater.

Rheumatism shows 676 cases and 1 death as against 624 cases and no deaths last year and 614 cases and 2 deaths the year before.

Considering the conditions under which the peasantry live the wonder is that there is not a very much larger amount of rheumatism, especially when one considers not only the heavy rainfall in certain parishes but also the fact that the temperatures of the day and the night are so very different.

The drop at night is often very great.

Respiratory Diseases show 538 cases and 62 deaths as against 426 cases and 45 deaths last year. The wonder is that these diseases do not exist to a great extent in certain parishes where the peasantry sleep with practically no ventilation in their houses.

Diseases of the Generative System show 414 cases, 15 deaths—of which male organs 228 cases, 6 deaths: and female organs 186 cases, 9 deaths

Diseases of the Urinary System show 309 and 35 deaths.

Parasites show 85 cases and no deaths, two cases of *Ankylostoma Duodenale* are reported specially and these were admitted to Morant Bay Hospital.

Anæmia shows 175 cases and 6 deaths.

This is a disease that needs watching as Anæmia is frequently, in Jamaica, a symptom of the parasitic disease called *Ankylostomiasis*.

It is very necessary that the fæces of many of these cases should be examined by the Bacteriologist with a view to making a definite diagnosis, followed by the taking of proper preventive precautions.

Enteric Fever shows 114 cases and 31 deaths reported. Port Maria with 31 cases and 14 deaths has the greatest record, while Mandeville with 24 cases and 3 deaths run second, and Chapelton with 16 cases and 4 deaths comes third, as against 40 cases and 6 deaths last year.

Dysentery shows 74 cases, 4 deaths,...Port Antonio 17 cases, 1 death; Spanish Town 34 cases, 2 deaths.

Tubercle shows 40 cases and 12 deaths.

This, however, cannot be looked upon as a guide to the amount of Tubercle that exists in Jamaica, for this foul disease is very prevalent indeed both among those who live in towns and those who live in the country. The present return simply applies to admissions to hospitals.

Erysipelas—Only six cases and 1 death are recorded—a wonderful result among 17 hospitals.

Tetanus shows 12 cases and 6 deaths.

Syphilis—Primary syphilis shows 242 cases with 1 death.

Secondary	„	„	97	„	4	„
Tertiary	„	„	13	„	0	„
Inherited	„	„	33	„		

This, however, is no guide whatever to the amount of syphilis among the people as so few cases of syphilis comparatively need admission to a hospital.

One medical man reports that many of those cases he has seen are labourers who have contracted syphilis outside the country in Cuba, Colon and elsewhere.

The danger to the population exists however, in these travelling labourers sowing the seeds of the disease all round the country.

Neuritis gives 58 cases and 1 death.

Malignant Growths only show a total of 41 with 3 deaths, a very astonishing record.

COOLIES.

22. In the month of May the S. S. “Indus” arrived from Calcutta having on board 609 coolies for Jamaica. During the voyage out from that port epidemics of both measles and mumps took place among the immigrants, many of them being attacked.

On arrival here, it was found that 5 were suffering from measles and 23 were suffering from mumps. Owing to the fact that the Lazaretto was required for the housing of passengers arriving from localities where yellow fever was at the time epidemic, the Quarantine Board decided that coolies, suffering from any infectious disease needing isolation, should be located elsewhere than at the Lazaretto. Consequently by the kind permission of the Mayor and Council of Kingston, those coolies who had arrived on the S. S. "Indus" and who needed to be isolated, were sent to Bumper Hall, where they were placed under the care of Dr. Ogilvie, Health Officer for Kingston, who attended them until they were fit to be sent to those Estates that needed them. This was done with a view to preventing the possible spread of the above diseases on the Estates.

Dr. Ogilvie was remunerated at the rate of 12s. 6d. per day during their sojourn there.

23. It is a pity that coolies when brought to Jamaica should be occasionally landed just about the time that the rainy season is due, as they consequently commence their indenture here under bad auspices and immediately begin to fall ill with fever.

It is an unfortunate fact that an average of at least one-third and often practically one-half of all coolies recently imported into certain districts fall ill during their first year more or less of indenture and continue to go in and out of Hospital for a long period generally causing overcrowding.

Were the Government to provide Hospital accommodation for every possible emergency in that way, the Hospitals in certain districts would need to be very much enlarged in order to hold all comers and the outlay would be very great. As it is, coolies have often to be sent back to their Estates in a convalescent state only, and not really fit to begin hard work at once.

It seems reasonable that Estate owners should help in this matter, and that coolies who leave a Hospital convalescent but not quite strong, should be allowed a few free days on the Estates where they are employed in order to pick up before beginning work.

24. The following Hospitals were pressed for room after the arrival of the last ship importing coolies.

Annotto Bay Hospital—Owing to the arrival of over 350 new coolies in the district supplying Annotto Bay Hospital from the S. S. "Indus," great demands were made upon the powers of accommodation of the above Hospital, which was made to expand by means of the use of marquees and tents which were equipped with cots besides being floored with woodwork to avoid dampness. One marquee which was erected on the concrete floor of the late ward underbuilding was not boarded.

The experiment has been so far very successful in this wet parish, 2 marquees and 6 tents having been erected. The highest number of new coolies in Hospital on any one day was practically more than half of the new coolies resident in the district that supplies the above Hospital.

It seems a pity that in my absence in the year 1906-7, the same thing was not done at Lionel Town when the crush took place, as it saves expense and the open air treatment is always advisable when possible.

However marquees wear out and when once worn out it would be cheaper to provide new buildings than new marquees. In case any new coolies are imported this year into the neighbourhood served by Annotto Bay Hospital the question will arise as to whether—

(a) Buff Bay Hospital, in so far as the Schools Department has possession of it, should be taken over again.

(b) New Hospital accommodation should not be provided at Annotto Bay or elsewhere.

Port Antonio Hospital—It is fortunate that 2 coolie wards were built in the underbuilding of this Hospital during the year 1906-7 for the number of patients admitted to this Hospital during the year has been, month by month, very greatly in excess of anything before. The total annual admissions being 3,359 as against 1,788 last year.

Of course the greatest squeeze began after the last batch of coolies arrived by the S. S. "Indus." It should be mentioned that on one day alone there were in Hospital 74 out of the 118 (or so) new coolies in the district of Port Antonio. This shows to what an extent new coolies, before acclimatisation, will go ill. There were older coolies from previous ships in the Hospital, also, at the same time.

The highest number of patients that slept at one and the same day in Port Antonio Hospital was 149 on 25th March, 1908.

The highest number in Hospital on any previous occasion before the arrival of the last coolie ship was 104.

It is very evident that if more coolies are landed in the district supplied by this Hospital either additional accommodation will have to be added to this Hospital, a new Hospital built elsewhere, or else the whole of Buff Bay Hospital will need to be re-opened as Port Antonio Hospital cannot possibly hold more patients, in fact, should not hold the number it has held.

Herewith is a list of the number of admissions to Port Antonio Hospital for each year since 1890. You will see how enormously the numbers have increased during the past year.

1890-1	...	525
1891-2	...	1,045
1892-3	...	1,143
1893-4	...	1,085
1894-5	...	1,044
1895-6	...	1,501
1896-7	...	1,452
1897-8	...	1,702
1898-9	...	1,432
1899-1900	...	2,051
1900-1	...	1,447
1901-2	...	1,276
1902-3	...	1,153
1903-4	...	1,654
1904-5	...	1,257
1905-6	...	1,673
1906-7	..	1,788
1907-8	...	3,358

Appended is the daily average per month for last year of patients admitted to the various Hospitals, and the returns for coolies and creoles have been shown separately. In cases where the name of the ships from which each coolie has been landed are kept the number of coolies belonging to the last batch is given separately.

This list will give some idea of the large amount of sickness that takes place among coolies who have recently arrived and are not acclimatised.

Of course, on the arrival of new coolies, new equipment and increased staff has to be supplied to meet the increased number of patients and under the circumstances the expenses of the Medical Department are bound to increase proportionately.

The following are the daily average number of patients per month in the various Public General Hospitals during the year 1907-8—The last batch of coolies are shown separately where the record has been kept separately.

Morant Bay.				Hordley.				Port Antonio.			
	Last batch of coolies.	Coolies.	Creoles.			Coolies.	Creoles.		New coolies.	Old coolies.	Creoles.
April, '07	.	2'1	19'2	April, '07	.	5	6	April, '07	.	21	53
May "	.	2'2	19'3	May "	.	5	4	May "	.	22	56
June "	.	3	20'6	June "	.	6	7	June "	.	24	47
July "	.	1'5	16'6	July "	.	5	8	July "	.	29	52
Aug. "	.	1'0	18'6	Aug. "	.	8	6	Aug. "	.	41	52
Sept. "	.	2'5	17'6	Sept. "	.	6	6	Sept. "	.	43	50
Oct. "	.	1'9	17'0	Oct. "	.	8	7	Oct. "	.	48	49
Nov. "	.	6	14'5	Nov. "	.	7	8	Nov. "	.	49	51
Dec. "	3'7	4'9	12'9	Dec. "	.	9	9	Dec. "	45	30	41
Jan. '08	6'8	5'1	9'6	Jan. '08	.	11	5	Jan. '08	61	23	46
Feb. "	4'7	4'2	12'6	Feb. "	.	16	5	Feb. "	61	14	42
March "	3'9	2'8	16'9	March "	.	13	5	March "	50	24	53
				Distinction between batches of coolies not kept.							
Buff Bay.				Annotto Bay.				Port Maria.			
April, '07	.	12'7	3'30	April, '07	.	83	14	April, '07	.	19'76	26'70
May "	.	13'70	3'48	May "	.	70	17	May "	.	15'63	24'12
June "	.	10'83	2'16	June "	.	61	15	June "	.	15'63	18'20
July "	.	10'48	3'16	July "	.	66	12	July "	.	12'89	21'29
Aug. "	.	16'35	3'16	Aug. "	.	56	13	Aug. "	.	12'70	27'67
Sept. "	.	22'0	2'73	Sept. "	.	51	20	Sept. "	.	12'03	28'23
Oct. "	.	18'35	2'08	Oct. "	.	47	21	Oct. "	.	12'45	31'67
Nov. "	.	14'2	4'6	Nov. "	.	84	16	Nov. "	1'13	18'13	26'33
Dec. "	.	20'96	3'70	Dec. "	.	169	23	Dec. "	3'38	24'93	30'45
Jan., '08	.	24'22	4'32	Jan., '08	.	117	86	Jan., '08	3'80	24'93	25'22
Feb. "	.	19'89	6'93	Feb. "	.	107	97	Feb. "	5'03	28'03	26'20
March "	.	17'45	6'38	March "	.	124	57	March "	5'77	32'48	26'80
				New coolies.							
				Women coolies.							

The daily average number of patients, etc., continued.

St. Ann's Bay.				Cave Valley.				Falmouth.			
April, '07			22'3	April, '07			6'0	April, '07			16
May "			21'6	May "			6'5	May "			20
June "			22'43	June "			6'0	June "			17
July "			17'32	July "			6'7	July "			16
Aug. "			19'7	Aug. "			5'0	Aug. "			11
Sept. "			19'4	Sept. "			5'0	Sept. "			19
Oct. "			19'25	Oct. "			5'0	Oct. "			22
Nov. "			18'2	Nov. "			5'2	Nov. "			19
Dec. "			18'7	Dec. "			5'0	Dec. "			17
Jan., '08			16'03	Jan., '08			5'2	Jan. '08			12
Feb. "			16'1	Feb. "			5'0	Feb. "			9
March "			17'06	March "			6'2	Mar. "			31
Montego Bay.				Lucea.				Savanna-la-mar.			
April, '07			17	April, '07			13	April, '07			12
May "			19	May "			10	May "			10
June "			16	June "			11	...			13
July "			19	July "			11	...			11
Aug. "			15	Aug. "			12	...			9
Sept. "			19	Sept. "			12	...			8
Oct. "			18	Oct. "			13	...			10
Nov. "			15	Nov. "			9	...			11
Dec. "			15	Dec. "			8	...			9
Jan. '08			14	Jan. '08			10	...			14
Feb. "			17	Feb. "			12	...			7
Mar. "			17	Mar. "			12	...			8
Black River.				Mandeville.				Lionel Town.			
	Last batch of Coolies.	Coolies.	Creoles.			Coolies.	Creoles.			Coolies.	Creoles.
April '07			22.6	April '07			19	April '07		104	5
May "			23.7	May "			19	May "		97	5
June "			23.2	June "			16	June "		64	8
July "			24.2	July "			19	July "		73	9
Aug. "			25.8	Aug. "			20	Aug. "		59	13
Sept. "			23.5	Sept. "			17	Sept. "		55	9
Oct. "			21.8	Oct. "			14	Oct. "		52	6
Nov. "			21.4	Nov. "			14	Nov. "		41	5
Dec. "			23.0	Dec. "			16	Dec. "		55	7
Jan. '08			18.6	Jan. '08			18	Jan. '08		57	4
Feb. "			22.2	Feb. "			15	Feb. "		52	7
Mar. "			26.0	Mar. "			19	Mar. "		45	8
Chapelton.				Spanish Town.							
	Coolies.	Coolies.	Creoles.			Coolies.	Creoles.				
April '07		.6	32.4	April '07		13.5	31.3				
May "		2.9	30.0	May "		13.0	31.8				
June "		2.2	26.6	June "		19.7	41.8				
July "		2.5	27.7	July "		17.5	36.9				
Aug. "		4.7	28.0	Aug. "		11.5	43.6				
Sept. "		3.8	32.1	Sept. "		14.2	43.8				
Oct. "		6.0	30.0	Oct. "		12.8	39.6				
Nov. "		6.6	31.2	Nov. "		20.6	35.2				
Dec. "		6.3	26.4	Dec. "		22.8	39.4				
Jan. '08		6.8	29.0	Jan. '08		48.4	41.3				
Feb. "		5.5	26.2	Feb. "		59.6	41.3				
Mar. "		2.0	25.2	Mar. "		50.8	37.3				

POST MORTEM AND INQUEST FEES.

25. District Medical Officers who joined the service after the Retrenchment Scheme of the year 1908, in accordance with Law 9 of 1899 (a Law to amend the Witnesses Expenses Law 1896), were deprived of fees for the performance of post mortem examinations and evidence given at inquests.

Permission was given me to move, during the consideration of the Estimates by the Legislative Council, "that the sum of £1,000 allotted to medical witnesses under the heading, "Inquests" on page 41 of the Estimates be increased by £200, in order to allow of post mortem and inquest fees being paid to those District Medical Officers who joined the service since the 1898-9 Retrenchment Scheme and who consequently are not entitled to receive such fees."

The Governor had previously on my recommendation stipulated that these Medical Officers were liable to be called upon to hold certain outstations in their respective districts if called upon to do so.

The Council adopted the motion and have thus removed what was considered by the Medical Officers concerned a distinct hardship if indeed not an injustice.

26. *New Laws*—Several new laws or amendments to old laws have been passed during the past year, which are of distinct usefulness and a step in the right direction inasmuch as they are all connected with questions of public health.

They are as follows:—

1. *The Medical Law, 1908*—

This is a consolidation of the various previously existing Laws with some slight changes and additions.

2. *A Law in aid of the Public Health Law, 1867*—

This is an amendment to Section 21 of Law 6 of 1867 and is very necessary. To put it shortly it gives the Parochial Boards power to enforce isolation of cases of Infectious Disease without having to ask the Governor to resort to proclamation of a whole parish as formerly.

It also provides for disinfection or destruction of clothing, as may be necessary.

3. *The Sale of Drugs and Poisons Law 1894 Amendment Law 1908*—

This Law is practically the same as the English Arsenic Law and refers chiefly to the sale of arsenic; its object being to render mistakes less easy, and consequently to render poisoning by arsenic more difficult. Section No. 5 however deals with the various manners in which poisons of all sorts must be kept and also with the manner in which liniments and liquid disinfectants, etc., must be dispensed or sold.

Section 6 provides that all persons selling poisons shall keep a poisons book. Hitherto it was only licensed druggists who were compelled to do this, while ironmongers, etc., were not compelled to do so. By the present Law, all those who sell poisons must keep a "Poisons Book."

4. *A Law to provide for the Notification of the Disease of Yaws*—

This Law is a small step in the right direction, it recognises the fact that yaws must be taken into account, and it is hoped that when parents find that those of their children who suffer from yaws must be reported, under pain of penalty, they will begin to think it worth while to bring them out and have them medically treated instead of hiding them away as is often now done.

5. *The Quarantine Law 1893 Amendment Law 1908*—

This Law was passed in order to extend the quarantine period for yellow fever from 10 to 18 days; recent experience and investigation having shown that this was necessary, and that 10 days was outside the limit of safety.

The following laws also dealing with public health were passed.

6. *The Adulteration of Food and Drugs Law 1908* which was introduced by the Honourable Island Chemist.

"*A Law in aid of the Sanitary Laws*" which deals with water supplies was introduced.

27. *Refund of Customs Duty on Surgical Instruments*—His Excellency in Privy Council by your letter, No. 3063/1739 dated March 24th, 1908, gave permission that all D. M. O's. should be allowed a refund of Customs duty on surgical instruments imported for their own use into the island.

This is an act of grace for which the department has every reason to be grateful.

GENERAL STATISTICS.

28. The past year has been an unfortunate one, inasmuch as a severe drought existed practically all over the island causing a great amount of distress, owing to shortage of water and foodstuffs both for man and beast.

In consequence of this drought, the peasantry in many districts have been driven to drink water from ponds, etc., that were not clean, and which would not have been drunk during normal times, and to eat food and fruit that was not fit to eat: the result has been that diarrhoea, dysentery and enteric fever have prevailed to a great and unusual extent in the various parishes,

very many cases of which are never reported at all, as they do not come under the eye of the D. M. O.

Plague of Flies—In several districts a regular plague of flies took place about the middle of the year causing great inconvenience and annoyance.

There is no doubt that this fly nuisance did much harm in spreading disease owing to the fact that the peasantry and small householders are not careful in the matter of screening their food or keeping it in by proof safes.

As is well known a fly that lights or feeds upon matter thrown off by one person and which is infected by the typhoid germ (be that matter either excreta, urine, saliva or anything else of the sort) may carry the infection to other persons.

Of epidemic diseases there have been quite an unusual number. (The list of diseases here given refers to the districts and not to the hospitals.)

1. *Chicken Pox*—epidemics took place in the Stony Hill, Balaclava and Spanish Town districts.
2. *Influenza*—Influenza showed itself in epidemic form in the following districts, chest complications in some and deaths among old people in others being frequent and numerous—Stony Hill, Cave Valley, Chapelton and Christiana, while it appeared in a milder form in the Richmond, Savannah, and Mandeville districts.
3. *Malaria* has been very prevalent this year, in fact, more than in wet years owing probably to the number of stagnant mosquito breeding pools existing which in rainy weather would be washed out. In the Richmond and Plantain Garden River Districts it was especially severe—in the former district of a very malignant character with a high mortality. It was also very prevalent in the St. David's (lower portion) Balaclava, (low-lying portion) Port Maria, Spanish Town, Port Antonio and May Pen Districts.
4. *Measles* showed itself in the following districts :—
Balaclava
Kingston
Spanish Town
Linstead
Duncans
in the latter with complications.
5. *Mumps*—Was only reported from the Spanish Town District.
6. *Scarlet Fever*—Some scarlet fever took place in the Cave Valley, May Pen, St. Ann's Bay, Moneague, Malvern and Kingston districts.
In all probability this disease was due to contagion spread by relief clothing.
7. *Typhoid Fever* has been very general throughout the island, owing probably to the drought causing the people to drink water from many infected pools and also doubtless to the plague of flies that was very noticeable in many districts. Both Hope Reformatory and Shortwood schools produced quite a number of cases.
The districts in which typhoid fever was most prevalent were as follows :—
Newport from which 80 cases and 11 deaths are reported.
Lower St. Andrew and Mandeville where very many cases developed.
Port Maria, Linstead, Duncans (where it was frequently complicated by pneumonia) and Santa Cruz—In this latter district, Potsdam school is situated, a school that had a somewhat serious outbreak of disease during the latter part of the year 1907. Some 30 or more boys who attended the school having been attacked, most of them developing the disease after leaving school.
Kingston has had some 203 cases reported.
8. *Venereal Diseases* seems to have been prevalent in the Balaclava and Montego Bay and Plantain Garden River districts, in some cases traced to arrivals from Colon, etc.
9. *Vomiting Sickness* has not been so generally prevalent as in some former years, although the parish of Trelawny especially the Duncans district suffered somewhat severely. Dr. Purchas, D.M.O., of the latter district reports having seen 12 cases. It generally happens, however, that for one case seen, there are ten cases not seen. Stock medicines were supplied to the police stations for distribution. It is to be hoped that now that the Legislative Council has voted a salary for a Bacteriologist, this disease which has been called by a variety of names may be properly investigated and some conclusion come to as to—
(a) what really is its cause ;
(b) what should be its cure, and also it should be added
(c) what precautions should be taken if any, so as not to be attacked by it.

A few cases are said to have occurred in the St. Ann's Bay and Montego Bay districts.

The following letter written by the Government Bacteriologist in Demerara will show that Bacteriology will probably, before long, throw some definite light on this disease.

The difficulty of obtaining proper specimens is a distinct drawback and would be much better carried out by a Bacteriologist on the spot as I hope will be the case in future.

Georgetown, Demerara.

Copy of minute by the Government Bacteriologist, dated 26th September, 1907.

Hon. S. General,

I am prepared now, if required, to forward a description of the examination of the tissues sent.

2. There are certain conditions present in the specimens which may throw great light on the origin of the disease.

3. I hesitate to report on the cause of this disease (as distinct from a bald description of specimens) since generalisation from a single case is as repugnant to medicine as it is to common sense. You will note that in my minute of the 11th May, 1906, I asked for specimens from three separate cases.

4. If I could be permitted to have the tissues from two other cases especially the spinal cord and smears of the Cerebro spinal fluid, I should be more in a position to give an opinion on its origin.

(Sgd.) K. S. WISE.

10. *Itch* which was a scourge in many parts of the Island last year is still causing trouble in certain districts where it extends probably owing to the carelessness of the people who neglect treatment. In the Richmond, Newport and Duncans districts it was very marked—while in the Mandeville, Balaclava, Montego Bay and May Pen districts, it was still prevalent. The drawback to an uncured disease of this sort is that it frequently interferes with vaccination and prevents or should prevent the children attacked from going to school.
11. *Acute Nephritis*. Cases of this disease were somewhat frequent in the Chapelton and Christiana districts: children and young adults being affected chiefly. It is a question as to whether these cases were not post Scarlatinal.
12. *Diarrhoea and Dysentery* were marked in Spanish Town and May Pen—in the latter district a plague of flies probably had some share in spreading it.
13. *Chest complaints* such as pneumonia and bronchitis were frequent in Richmond Balaclava, Gordon Town and Spanish Town.
14. *Blackwater fever*. Two cases are recorded from Spanish Town.
15. *Ankylostomiasis*. A few cases were reported by Dr. Turton from Stony Hill and Dr. Moseley reports that the Port Antonio district is somewhat infected with this disease.
16. *Water supplies*.
 - (a) Dr. Turton, D.M.O. of Stony Hill, again calls attention to the defective and dangerous water supply of Stony Hill, and utters a warning against the present state of affairs being allowed to exist—a condition that, at any time, might lead to a severe outbreak of water-borne disease.
Some years ago a scheme for supplying water to Stony Hill was suggested, but was not carried out.
It is to be hoped that the parochial authorities will make a move in this matter—a matter that so distinctly affects the public health.
 - (b) Dr. Hargreaves calls attention to the exposed state of the Brown's Town tank which lies close to the main road, and which is consequently liable to pollution.
 - (c) Dr. Campbell states that there are no filter beds at Montego Bay and suggests that they be built.
 - (d) Chapelton is also without a water supply and for several months owing to the hospital tank having run dry on account of the drought water had to be bought.
 - (e) Annotto Bay Hospital is in the same unfortunate position; the large sum of £96 per annum being paid a contractor annually for the conveyance of water.
 - (f) Lionel Town water supply is still polluted and water has to be obtained from neighbouring wells.

I sincerely hope that the new Director of Public Works will turn his early attention to a condition of affairs that can only be likened to a powdered magazine out of which powder is being taken by a labourer with a lighted cigarette in his mouth.

Owing to the prolonged drought, the question of building tanks in certain parishes, with a view to having a reserve water supply always at hand has engaged the attention of various Parochial Boards; and it is to be hoped that something will be done in that direction, although it seems only right that the peasantry should be encouraged to do something in this matter for themselves, and that each cottage should be provided with its own covered in tank and with its own catchment area, the roofs being used where large enough, in preference to the unrailed in catchments so often seen near to the houses of the peasantry over which pigs, etc., can roam at their own sweet will as I have seen.

Portland.—Each cottage should have a tank and catchment area sufficiently large to hold one year's supply at least for the average number of persons living in it. The Parochial Board of Portland purpose forming a dam at the entrance to the Redhazel Valley which dam it is intended should hold back 10,000,000 gallons of water at a sufficient height to supply water to the upper stories of the highest houses in the town of Port Antonio.

29. Herewith are attached several interesting reports from various District Medical Officers.

J. ERRINGTON KER,

Superintending Medical Officer.

June 3rd, 1908.

Kingston, 18th April, 1908.

Sir,

In reply to your circular no. 522 of the 4th instant, I have the honour to submit the following report on the health of the Kingston Medical District for the financial year 1907-08. The remarks which I am about to make will have special reference to the last half of the period under review, embracing as it does the period of my acquaintance with the district, I having assumed charge thereof on the 17th September 1907.

So far as I am aware Kingston enjoyed absolute freedom from any epidemic during this year, though certain diseases were more or less prevalent during the year. Sporadic cases of measles, among adults as well as children, chicken pox, whooping cough, mumps, etc., were met with from time to time, but not in any undue proportion, nor to any extent beyond what would ordinarily be expected in a town of the size of Kingston. From any invasion of small pox, yellow fever and the severe forms of infectious diseases we were fortunately spared. Scarlet fever, a disease previously almost unknown in Jamaica, was met with in several instances. It is thought, apparently with good reason, that the contagion was introduced in the clothing and stores which were sent from England and America for the relief of the sufferers from the earthquake of the 14th January 1907. In the confusion that prevailed at the time, the precaution of disinfecting and fumigating these articles was omitted. The disease which spread to some of the country parishes appears to have spent itself before the close of the year. It was throughout of a mild type and presented none of the dangers that are associated with it in northern climates.

The prevalence of sickness varied regularly with the seasons. With the damp weather of November and the chilly nights of February and March the sick list at once went up, while in the more genial months there was a corresponding decline in the amount and severity of sickness and the same remarks apply to the mortality rate.

The sanitary conditions of Kingston I regret to say, leave much to be desired. The health officer in his annual report speaks in strong terms of condemnation of the Smith Village and Spanish Town Road districts and with his remarks I feel bound to concur generally. The housing of the poor and labouring classes in Kingston is one of the most important and pressing questions with which the authorities will have to grapple, if we are to have even a moderately healthy city. The existing unhealthy shanties in which the people huddle together should be swept away entirely, and structures more in keeping with modern ideas and requirements erected in their places. Of course, such improvements will never be effected except under strict legal compulsion. The cupidity of landlords is not confined to a few. This seems to be an opportune time for the constitution of some proper authority to supervise the building of the houses in which the poorer classes of the citizens are to live in future.

As bearing on the unsatisfactory sanitary conditions prevailing in Kingston, I desire to draw attention to what I consider the undue prevalence in Kingston of two of the most terrible diseases to which human beings are susceptible. I refer to enteric fever and phthisis. During the greater part of the year under review, enteric fever prevailed to an alarming extent, and even now, as I write, there are many cases in the city. The source of the infection has not even yet been located. Whether the water supply or the milk supply or both are responsible for the unsatisfactory state of things, it is difficult to say, but one thing is certain, there is something wrong somewhere. In view of the dust nuisance which is always present in Kingston, it seems a pity that the drinking water of the city should be stored in uncovered reservoirs. I am not at all satisfied that we are free from danger in this respect. Of the milk supply I cannot speak with any degree of certainty. I understand that the dairies in the neighbourhood are kept fairly clean and sanitary, but I am not sure that the vendors of milk are as careful as they might be.

It seems almost incredible that no other single disease is responsible for as many deaths in Kingston as phthisis. When we consider that Jamaica possesses one of the healthiest climates in the world and is being advertised and vaunted as a health resort, we are bound to admit that our sanitary measures require serious revision. Our general hygienic arrangements must be at fault—Food, clothing and housing all require improvement. That the two former are to

some extent factors in the incidence of phthisis may be admitted, but I feel certain that it is to the third, improper housing, especially overcrowding, that the high percentage of pulmonary diseases is mainly due: and I am further of opinion that we shall never make any headway in the reduction of the prevalence of pulmonary tuberculosis until our whole system of housing the poor is recast.

The meteorological conditions of the various seasons do not seem to call for any special remarks. The heat was very intense up to November, but from January to March the weather was on the whole cool and pleasant.

The population is fairly well protected from small pox—Vaccination was performed regularly throughout the year. There were as usual, some evasions, but not many. The question of re-vaccination is one that will have soon to be taken up by the Legislature, as this extra precaution which is undoubtedly necessary will never be taken by the people unless under compulsion.

I have, etc.,
(Sgd.) LAWSON GIFFORD

The Superintending Medical Officer, Kingston.

Copy.

No. 32.

Port Antonio, 27th April, 1908.

SIR,

I have the honour to reply to Circular No. 522 dated the 4th instant, to submit herewith my report on the health of the district under my medical charge for the year ended 31st March last, together with a report on the sanitary condition of Port Antonio for the same period.

The drought which had such disastrous effects on the agricultural interests of the Island, appears also to have very seriously affected the health conditions, of this portion of the Island at any rate.

In my report for the last year I called attention to the marked increase in the number of deaths registered, and to the inadequacy of the rainfall; during the past year there has been a further increase in the number of deaths registered. For comparison I have introduced the following:—

Year.		Rainfall.	Deaths registered.
1905-06	...	180·19	257
1906-07	...	116·04	357
1907-08	...	122·22	418

This refers to the Port Antonio registration district only.

A certain percentage of this increase is no doubt to a natural increase in population, but increase in population could hardly account for so large a difference in the number of deaths registered, without some other agency being at work.

A severe epidemic of malaria was prevalent during the summer months of 1907. The admission rate to hospital for malarial fevers which averaged 31 per month for the June quarter suddenly rose to 106 during July and to 249 during September. After the heavy rains in October, there was a gradual decrease until in March the admission for this cause numbered 45 only, notwithstanding the presence in the district of a large number of susceptible people, in the shape of newly arrived coolies.

Over 20 % of the deaths certified by Dr. Gill in whose able charge the district was from the 15th May to the 16th November were due to malarial fever.

The epidemic was undoubtedly a severe one as is evinced by the fact, that the admissions to hospital for this cause increased eight fold. As to the cause of it, I have not heard that any other abnormal condition was apparent, except the drought.

At least one noted authority states it, as a definite principle, that heavy rains do not influence the conditions, that give rise to epidemics of malaria, it would seem to me that this is over drawn. The tremendous destruction of inosquito larvae that must result from the heavy rainfall, washing practically everything into the sea, must surely make some difference.

Attention in my report last year, was drawn to the absence of malignant malarial parasites, since my return from leave I have not, in any of the blood examinations I have made found any.

Eight cases of enteric fever were notified as against sixteen for the year 1906-07.

One case of measles was removed from one of the ships from America, and treated under quarantine restrictions, the disease was confined to the single case.

There was a falling off in the number of cases of syphilis. About 7 % of the creoles admitted to hospital suffered from this form of venereal disease as against 10 % during the preceding year.

The absence of malignant new growths is still noticeable. Only three cases were admitted to hospital during the entire year; this is marvellous in view of the fearful prevalence of the trouble in other countries.

Yaws is one of the most formidable diseases met in the Island, at least is so in my opinion. The step to make the disease notifiable is one in the right direction, but mere notification without compulsory treatment will not, I think, accomplish much.

Owing to press of work, largely official, vaccination has been in abeyance since my return from leave, Dr. Gill did a considerable amount during the period he acted for me. The percentage of unvaccinated persons is small.

As regards the sanitary condition of Port Antonio, there is very little to chronicle that is new.

The water-tables along the western end of William Street have been reconstructed, the level of the street raised, and the drainage diverted into the eastern harbour. The diverting drain was put down during 1906-1907, it has hardly been the success it was intended to be; the fall is slight and there is always the difficulty of the blocking up of the sea end by sand, it is the best however, that could be done under the circumstances. A sewerage system to meet the requirements of the lower portion of the town, in order to be thoroughly effective, would be expensive, far beyond the present ability of the rate-payers. I understand you thought it advisable to convert this sewer into an open drain, as on the occasion of your visit—during the malarial epidemic you found it foul and full of mosquitoes. An open drain is such an unsightly affair. I think the difficulties could be overcome by frequent flushing and cleaning with brooms, though the many manholes with which it is provided.

There has been some talk of a sewerage system on the hill, to meet the requirements of the people living on King Street; this I am informed is to be carried out by private enterprise, the scheme is a very desirable one, and it is to be regretted that the promoters have not yet seen their way clear to commence work.

I notice with satisfaction an improvement in the sanitation of the town, the yards are cleaner although there are some noted exceptions, and exceptions I regret to say involving the more intelligent members of the community.

The Parochial Board has in contemplation to remove the meat market to the western side of West Street, converting the space now occupied by the meat market into an ornamental square, this is a move in the right direction, and should have the support of the people of the town.

The perennial questions of an increased water supply and a site for a cemetery, are still engaging the attention of the Parochial Board. Recent legislation authorizing the Board to borrow the necessary funds, should make the former an accomplished fact at no very distant date. As regards the latter, so far as I know, nothing has been done, a difficulty has I believe, arisen in connection with the selection of a suitable site.

It is to be hoped when the Board undertakes the reconstruction of the eastern end of William Street, some plan will be considered for getting rid of night-soil from this locality. A most offensive smell is always noticed along this portion of the street at night. The closets are placed over pits cut into the chalk-stone, and I doubt if some of them have ever been cleaned. The chalk stone is practically impervious, and so the contents remain. The stench sometimes is simply overpowering, and the marvel is, that people are able to live within a few feet of them.

The question of dealing with night soil from the lower portion of the town is a large one, it is however one the local sanitary authorities should deal with energetically. Some of the closets are even unprovided with pits, they rest on stones a foot or eighteen inches above the surface of the ground, and are open to animals of all sorts, others are placed over the trenches conveying the storm-waters from the main road (at Somers Town), in dry weather their condition is most offensive. I wonder that enteric fever (fly borne) is not more prevalent.

The reconstruction of the north end of the main road through Somers Town has not yet been carried out, this seems rather a pity: over two years have elapsed since the concrete water-tables were put down through Somers Town, it was thought only a temporary delay would have occurred in the completion of the work, it looks however as though the delay were permanent.

The Titchfield Land Board has at last done something towards the improvement of their lands to the eastward of the town. Some four and a half acres of morass have been cleared and covered with earth so as to bring the level above that of the sea. It is unfortunate the Land Board does not display more energy in the matter, and initiate a more extensive scheme of reclamation. It is surely not too much to expect of a Board in charge of the lands belonging to an educational establishment in a purely agricultural country: the example alone would be worth the effort, apart from the ultimate benefit, in the shape of increased revenue. From a sanitary point of view, the good that is likely to result from the removal of a morass, that is largely to the windward of the town, must be apparent to anyone.

There is a pond below the church that originally formed a portion of the Caneside River that should be filled in. Attempts were made to fill it in with the street sweepings and household refuse, dwellers in the neighbourhood objected to this so the dumping ground was removed. I understand that this stagnant collection of water is partly on the Free School lands, whoever the owner happens to be, should be compelled to fill it up.

The sinuous course of the Caneside River is apparently responsible for the existence of the morass to the eastward of the town, or it certainly is in a very large measure. It would seem to

be well worth the consideration of the Titchfield Land Board the straightening of the course of the river; this could be done at a comparatively small cost, by cutting a canal so as to join the first bend, where it approaches the Eastern Harbour, with the harbour. This would give the river almost a straight course from the Caneside Bridge to the sea, it would naturally flow more rapidly and there would be less likelihood of the blocking of the mouth by sand and the consequent flooding of the lands in its vicinity.

The Port Antonio Cricket Club has been doing some excellent work in connection with these morass lands of the Titchfield Trust. The club has a lease of some eight acres on the eastern side of the Caneside River, the land has been thoroughly cleaned, drained, and the level raised by covering it with sand and earth. Great credit is due to the management of the Club for undertaking such an extensive work, it is to be hoped the example will stimulate Titchfield Land Board to greater efforts in the same direction.

Steps should be taken with a view to the suppression of unnecessary noises, I refer particularly to the unnecessary blowing of steam whistles, and to the disturbance occasioned by barking dogs at night.

The disturbance the result of steam-whistles, gave rise during the past winter, to a petition to the several Steam-ship Companies from the guests at the Titchfield, asking that the use of the steamers' whistles be curtailed as much as possible. There is unquestionably a great deal in the complaint of the Hotel guests. No one will persuade me that it is essential on the arrival of a ship to blow a series of three or four blasts a half dozen times between Folly Point and the berthing of the vessel. A point opposite the Hospital is a favourite spot for one of the series of blasts. As an illustration of the effect it sometimes has on the patients, I would mention the case of a man who was, some years ago, in the Hospital suffering from tetanus; he was improving, his spasms although still severe recurred at longer intervals, and there was every hope of his ultimate recovery. A steamer arrived one afternoon while the man was quietly sleeping, the man awoke with a start, he was seized with a violent tetanic convulsion which ended his life.

As regards dogs I do not know that much can be done to prevent the disturbance occasioned by the barking at night, unless it be to appeal to the owners, to remember that their neighbours may not be the happy possessors of the type of nerve tissue that enables sleep to be indulged in with a dog or two barking under their bed-room windows.

It has been suggested that a graduated tax should be imposed, on the principle that one dog may be necessary, a second is a luxury and should heavily taxed, the amount increasing with each additional animal kept.

I have heard loud complaints from guests at the hotel, a considerable number of whom come here with shattered nerves for rest and quietness. Several of them have been compelled to leave after having been night after night debarred from the sleep they so much need by the barking of some mongrel cur in a neighbouring yard.

While on this subject I would again call attention to the need for a law regulating the importation of dogs. Hydrophobia is by no means uncommon in America, animals are frequently purchased and brought to the island, the purchasers knowing absolutely nothing of their antecedents, if one of those imported dogs, should by any chance develop hydrophobia, the results would be terrible.

I have, etc.

Sgd.

C. A. MOSELEY, D.M.O.

11th April, 1908.

Sir,

I have the honour to report on the health of my district for the year ended 31st March.

2. As I have only been in charge of this district for part of a year I am not in a position to compare the healthiness or otherwise with other years—but it has been exceptionally dry throughout the year and whilst I have been struck by the small number of cases of Malarial Fever, Dysentery and Diarrhoea as compared with other districts, I have noticed the almost constant presence of Enteric Fever.

3. *Enteric*—Of the sanitary conditions which prevailed in that part of Kingston which belongs to my district and in Halfway Tree I have no good account to give. The streets and gutters are badly kept. The two sandy gullies running in parallel lines are nothing less than dumping grounds for rubbish and filth of all kinds. The drainage of that part of the town near and adjacent to the South Camp Road is very badly maintained. The disposal of night soil is by the Pit System—most of the pits attached to the small tenements are badly kept and quite insanitary.

4. There are several large ponds where mosquitoes are invited to breed. They will be found at Mona estate, at Papine Corner, at King's Gate Corner, and at Knutsford Park.

5. There is only one sanitary Inspector for the entire district. It is not possible for any one man to do the work thoroughly and the result is that there is no inspection unless some householder complains.

5. All these important sanitary matters are under the control of the Parochial Board—and the District Medical Officer has almost less power than any other man in the district to deal with any nuisance or source of danger to the health of the people.

6. The following are suggestions for improvement in sanitation :—

- (a) Appoint an additional Inspector of Nuisances.
- (b) Let both Inspectors be under the control of the D.M.O.
- (c) Clean out the gullies and keep them clean.
- (d) Provide scavenger carts to remove rubbish, etc., and employ labourers to sweep the gutters which lead to the main drains and gullies.
- (e) Let the Inspector of Nuisances be regular and systematic.
- (f) Get rid of the ponds if possible.

Conclusion—I believe that if these few suggestions are carried out, there will be a great improvement in health. There will be less Enteric which at present I regard as the greatest evil in the district. If I am to assist in carrying it out some authority must be given to me in the matter : at present I have none. I cannot give a single order to the Inspector of Nuisances, and I have not the right to do more than complain to the Parochial Board.

I have, etc.,

Sgd.

C. R. EDWARDS, D.M.O.,
Lower St. Andrew.

The Hon. J. E. Ker,
Superintending Medical Officer.

Malvern, P. O., 16.4.08.

Sir,

I am in receipt of circular No. 522, and beg to inform you that the past year has been characterized by an usually limited rainfall, with high winds, dust and short food supply, thus there was an exhaustion of the stored water and an accumulation of large numbers of people at those centres where water was obtainable and on the advent of rains a flushing into the tanks or ponds of the dust and debris on the catchment areas ; owing to those circumstances typhoid fever was widely distributed through the district—

- (a) by infected persons going to the watering centres defecating wherever the calls of nature prompted.
- (b) by flies, of which an unusual and veritable plague occurred.
- (c) by ignorance of the nature of the disease resulting in conveyance by personal contact and by lack of sanitary precautions.
- (d) Perpetuation by a soiled water supply through (a); (b) and (c).

Owing to the mild form of the disease ambulatory cases prevailed and death, except in children, rarely occurred.

Scarlet Fever—Some cases of scarlet fever came under my observation and I have reason to believe many cases did not ; the first case that came under my observation was the child of a distributor of “relief” clothing originally destined for the earthquake sufferers—some of this was directed to the sufferers from drought and the history of my first case leaves absolutely no doubt that in this manner was scarlet fever introduced into the district.

There are some areas in this district in which the residents have been notorious during the past sixty years to my personal knowledge and have always been so notorious within the traditions of residents, for their objection to wearing clothes and whose children are always on the verge of nakedness if not quite naked, the drought brought this idiosyncrasy to the knowledge of the public : but the drought was not the cause of the nakedness, a hysterical portion of the public forthwith supplied these people with cheap charity in the form of discarded clothing infected with disease which has been responsible for some deaths.

The disease was epidemic in the drought area but owing to the short duration of the fever and the cloaking of the eruption by the black skin any cases that came under observation only exhibited the sequelae of nephritis with dropsy.

Influenza prevailed during the closing months of the financial year.

As to the seasonal relation—typhoid was most prevalent after the rains in October, November and December but is not yet absent from the district and so far as my experience goes, never is.

Scarlet fever ceased shortly after the rains, attributable I suppose to the cessation of the tramping of the water seekers.

There are no towns in this district, a sprinkling of houses, and a few shops at Santa Cruz, Malvern and Mountainside might be re-duplicated in other parts of the district, and the sanitary conditions are those that appertain to primitive man.

For remarks on the relative mortality and meteorological conditions there are no data available to me.

The population has, I believe, been once vaccinated, re-vaccination is never sought, hence the protection from smallpox is limited to children.

Whilst I am reporting on the health of the district it is opportune to comment on the working of the Poor Law in some details affecting the health of the poor in the district and in this respect I do not consider that the present method of affording poor relief to the sick at all satisfactory, some modification is urgently necessary as in my experience many lives are lost which by timely aid could have been saved, poor persons are constantly sent to me in an absolutely hopeless condition which had I been afforded an early opportunity of treating I could have cured, on the other hand, sick persons are sent to me by the Inspectors of Poor whose only claim is that of humanity, the services of the District Medical Officer are imposed on and he is forced from motives of humanity to afford medical aid which by right should be provided by the Parochial Board and recovered from the sick, if necessary, by legal process when their circumstances permit.

Under the terms of a Medical Officer's contract of service he agrees to treat paupers on the parochial roll but it has become the practice amongst the Inspectors of Poor to send to the Medical Officer persons who are not on the poor roll, and persons who under the terms of the Poor Law are not "entitled to relief," the onus of inhumanity is thereby thrust on the Medical Officer, who by virtue of his training cannot accept it, his services are thus abused and the Parochial Board is enabled to afford a cheap charity of three half-pence of medicine at the cost of what ought to have been a minimum of two shillings to the Medical Officer. The poor law is to my knowledge in its application to the relief of the sick poor an absolute failure and from its phraseology liable to and is absurd in its application to Medical Officers.

I believe there are not many parts of the world where the peasants are better off when they are well off or more desperately poor when they are poor than in the area included in this district. Granted favourable seasons these latter are usually capable of obtaining the requisite amount of coarse food but to earn money to meet emergencies such as sickness they are unable. Partly from the limited amount of work obtainable, partly the low scale of wage for such work and partly owing to the poorness of soil but a limited amount of time can be spared to hiring for wages from cultivating the soil for food.

But for a naturally salubrious climate their wants must have either exterminated them or forced them to leave the district as does constantly occur; the result of sickness or old age is death in the almshouse, and it is to people of this class that I claim the Parochial Board should extend their charity and supervision aiding them through the ticket system and controlling that aid by the Inspectors of Poor, nor do I believe that such timely aid would be a bad investment on the part of the Parochial Board as in so doing with health restored the inhabitants of this class would increase production and resume their taxpaying in place of becoming burdens on the other taxpayers. It is well that the fact should be recognised that in a poor population such as that under review the mere existence of sickness in a house exhausts the available means of supply in food alone and with no means to obtain medical assistance cases of acute and remediable sickness pass on to chronic and incurable disease before coming to the knowledge of medical officers. It is within the experience of all medical officers when advising a diet amongst such as my remarks apply to, to be informed that they cannot obtain the necessary diet.

When sickness occurs amongst this class the cases should be relieved by the parochial authorities on a 2s. ticket to be redeemed by the Parochial Board and the amount recovered by the Inspector of Poor on similar lines as is now done in midwifery cases, and as in midwifery medical cases officers should have the privilege of affording relief in the absence of Inspectors of Poor at the rate of a 2s. ticket redeemable by the Parochial Board.

In such a district as Santa Cruz where Inspectors of Poor live in one division six miles away from the residence of the District Medical Officer and in the other twelve miles off it must be apparent that quick communication with the Inspectors of Poor is impossible and whereas cases naturally apply to the D.M.O. he is compelled to refer them to the Inspector of Poor for an order to obtain medicine before any voucher of poverty can be obtained or in an urgent case supply medicine in the name of humanity to his natural loss owing to being by his position unfairly forced into doing so.

The Inspectors of Poor are from the sizes of their respective districts and their not giving all their time to their duties absolutely incapable of touching more than the fringe of the poverty of their districts, the area of such district I roughly estimate to be 180 square miles and to attend to the poor and know the condition of the people in such an area as an Inspector of Poor requires to is not within human capacity where the salary is only a retainer and the officers have to adopt other alternatives to supplement their salaries; either their salaries should be increased so that the Parochial Board have all their time or the present districts should be subdivided into four, and I consider this latter the only way to obtain for the inspectors a more intricate knowledge of the condition of the people; thus there should be an Inspector of Poor for the Santa Cruz district and vicinity, one for St. Mary district, one for Pedro and one for Mountinside.

The methods at present in vogue are that somebody from somewhere communicates to the Inspector of Poor that some person is too old or too sick to work whereupon the Inspector of Poor visits such person and acts; so that as a matter of fact the Inspector of Poor knows less of the poor of his district than the residents in the district and instead of being the authority

on the poverty of the people of his district he is merely the mouthpiece of others ; there can be no question that this is not as it should be and inflicts much unnecessary suffering on the poor making the present methods of poor relief an absolute fraud, not from any defects in this part of the law but by taxing human efforts too much.

Child mortality—More especially should the question of child life be seriously considered, whether by the central government or the local bodies matters not, so that the objective—the checking of the terrible waste of child life—be attained ; there can be no question of its attainment for the reason that the children of the poorer classes seldom receive any medical treatment, thus in the course of my experience in different parts of this island not two children of the poorer classes come for medical treatment per annum, and I conclude from my conversations with other medical officers that this will be found a fair average in the country parts.

State Aid—There is only one remedy and it ought to be faced, that remedy is State-aid in some form and not merely State-aid but compulsory State-aid, the only form I can suggest is a ticket system as suggested hereafter for all children under 5 years in the class of persons under discussion, and an inquest on all children under 5 years dying without medical aid with prosecution of the parents for neglect, one or two such prosecutions would produce a revolution in the ill-treatment of children that now prevails and would at once check the neglect of children by their parents ; just as now obtains in vaccination cases where prosecutions in one year invariably render future prosecutions unnecessary.

I have in a previous correspondence with you relative to the symptom of vomiting as a cause of death amongst children given you the benefit of my knowledge as to the most suitable means to adopt to meet the circumstances and in this connexion as well as the general one foregoing I reiterate the advice as follows :—on the occurrence of an unusual amount of sickness amongst children that the District Medical Officer should be asked to visit such districts as are affected and to examine and prescribe for such children on a fixed scale of remuneration and mileage such as is given under yaws service, medicines and a compounder being provided for the purpose.

The initiative for calling on the D. M. O, to be taken either by the rural policeman for the district or by the Inspector of Poor provided the latter is more in touch with the people of his district than is at present the case.

I still adhere to this advice as the only method of combatting the mortality amongst children which arising from various causes is now treated on a “ Mr. Squeers ” method as fatuous as futile.

Treatment to be of any avail must be afforded before the children become grossly sick and not as now obtains in the final and absolutely hopeless stage. I am certain the past system has not saved one life that would not have been saved without any treatment whatever, and that it deludes some parents into a false sense of security thereby delaying applications for appropriate treatment until the case becomes hopeless.

To save my report from misconception I have to state in conclusion that my remarks are impersonal criticising a system and not the persons applying that system ; that I find no fault with the Parochial Board of St. Elizabeth nor with the Inspectors of Poor but with the system of poor relief and its inadequacy in reaching to its objects or the non-inclusion in its measures of some method whereby the sick poor might be equitably relieved, without crushing individual effort and pauperising the people on the one hand or abusing and victimising the Medical Officers on the other.

I have, etc.,

Sgd.

J. A. L. CALDER,

The Superintending Medical Officer, Kingston.

Monthly Return of Diseases and Deaths in 1907-1908 at the Public General Hospitals at Morant Bay, Hordley, Port Black River, Mandeville, Chapelton

Disease.	April.		May.		June.		July.		August.		September.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
General Diseases—												
Measles	1	.	1	.	.	.	1	.	1	.	.	.
Influenza	1	.	1	.	2	.	1	.	2	.	.	.
Mumps	1	.	.	.	.	.	.	.	.	.	.	.
Enteric Fever	10	1	4	.	3	1	13	1	4	2	12	3
Dysentery	3	.	1	.	2	.	3	.	6	.	6	1
Malarial Fever (a) Intermittent	348	3	233	1	243	3	440	.	507	2	531	6
(b) Remittent	17	1	15	2	11	1	31	2	40	7	83	2
(c) Pernicious	2	1	.	.	1	1	5	.	2	4	4	3
(d) Ch. Malaria	.	.	1	.	.	.	1	.	.	1	.	.
Erysipelas	1	.	1	.	.	.	1	.	1	.	1	1
Pyæmia	1	1	.	.	.	.	.	.	.	.	.	.
Septicæmia	.	.	.	.	.	.	1	1	.	.	.	.
Tetanus	3	2	2	2	.	.	.	.	2	.	1	1
Tubercle	8	1	9	.	1	.	.	2	4	1	1	1
Yaws	18	.	21	1	21	.	15	.	7	.	9	.
Syphilis (a) Primary	25	.	21	.	11	.	10	1	14	.	16	.
(b) Secondary	8	1	4	1	11	.	7	1	13	.	4	.
(c) Inherited	2	.	4	.	3	.	5	.	.	.	2	.
(d) Tertiary	6	.	.	.	1	.	.	.	.	.	.	.
Gonorrhœa	19	.	15	.	8	.	7	.	10	.	7	.
Alcoholism	.	.	.	.	2	.	1	.	.	.	.	.
Rheumatism	54	.	60	.	41	.	51	.	42	.	42	.
Rheumatic Fever	.	.	.	.	1	1	.	.	.	.	1	.
New Growth (a) Non-malignant	9	.	4	.	8	.	4	.	6	.	4	.
(b) Malignant	9	1	.	.	1	.	1	.	8	.	3	.
Anæmia	18	.	9	.	13	1	11	.	18	.	5	.
Diabetes (a) Mellitus	.	.	.	.	.	.	.	.	.	.	.	.
(b) Insipitus	1	.	.	.	.	.	.	.	1	.	.	.
Debility	7	1	1	.	3	1	1	.	1	.	1	.
Total	571	13	407	7	387	9	610	8	689	17	733	18
Local Diseases—												
Diseases of the Nervous System.												
Diseases of the Nerves—												
Sub-section I.												
Neuritis	13	.	11	.	7	.	6	.	2	.	7	1
Meningitis	1	1	1	.	.	.	1	.	1	.	.	.
Myelitis	.	.	.	.	1	.	.	.	.	.	.	.
Congestion of Brain	.	.	2	1	1	1	.	.	.	.	1	.
Functional Nervous Disorders—												
Sub-section II.												
Apoplexy	2	2	1	.	1	1	.	.	1	1	1	.
Paralysis	3	1	.	.	1	.	2	.	.	.	2	.
Chorea	.	.	.	.	.	.	.	.	1	.	.	.
Locomotor Ataxia	.	.	.	.	.	.	.	.	.	.	.	.
Epilepsy	2	.	3	.	1	.	1	.	2	2	3	1
Neuralgia	4	.	7	.	8	.	3	.	.	.	6	.
Hysteria	.	.	.	.	.	.	.	.	.	.	.	.
Mental Diseases—												
Sub-section III.												
Idiocy	.	.	.	.	.	.	.	.	.	.	.	.
Mania	.	.	.	.	.	.	.	.	1	.	.	.
Dementia	.	.	1	.	.	.	.	.	.	.	.	.
Delusional Insanity	.	.	.	.	1	.	.	.	1	.	.	.
Diseases of the Eye	36	.	12	.	17	.	13	.	11	.	11	.
do Ear	4	.	4	.	1	.	.	.	4	.	1	.
do Circulatory System	.	.	.	.	.	.	3	.	1	.	4	.
do Respiratory System	14	.	10	1	6	2	9	.	8	.	7	.
do Digestive System	63	11	58	5	42	9	52	4	23	3	22	2
do Lymphatic System	103	6	82	7	84	3	83	5	88	4	74	5
do Urinary System	14	.	10	.	12	1	18	.	5	.	5	.
do Generative System	38	2	27	5	25	3	28	.	26	5	17	.
Male Organs	23	.	21	.	14	.	18	1	22	2	18	.
Female Organs	22	1	13	1	14	1	10	.	15	1	14	.
do Organs of Locomotion	26	.	8	1	10	.	12	1	7	.	16	.
do Cellular Tissue	24	1	31	.	21	1	34	.	23	2	22	.
do* Skin	328	1	199	1	155	.	191	.	126	1	106	.
Total	720	26	501	22	422	22	484	13	368	21	337	9
Injurics, General	21	1	4	4	9	2	4	2	5	2	8	1
do Local	144	1	96	1	106	3	90	.	122	1	101	1
Surgical Operations	101	.	103	1	88	.	80	.	68	.	74	1
Malformations	.	.	1	.	3	.	1	.	.	.	2	.
Poisons	1	.	.	.	.	.	1	.	1	.	1	.
Parasites	6	.	4	.	6	.	6	.	.	.	7	.
Ankylostomum duodenæ	.	.	.	.	.	.	.	.	.	.	.	.
Other Diseases	3	.	2	.	2	.	.	.	2	.	.	.
No Diseases	30	.	25	.	26	.	34	.	43	.	49	.

Antonio, Buff Bay, Annotto Bay, Port Maria, St. Ann's Bay, Cave Valley, Falmouth, Montego Bay, Lucea, Sav.-la-Mar
Lionel Town, and Spanish Town.

October.		November.		December.		January.		February.		March.		Total.	
Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
.	.	1	.	1	.	1	.	.	.	.	.	5	.
.	.	1	.	.	.	.	.	2	.	.	.	11	.
.	.	1	.	.	.	.	.	1	.	.	.	3	.
9	3	15	4	10	3	13	4	11	5	10	4	114	31
2	.	10	1	15	2	11	.	6	.	9	.	74	4
549	2	511	4	645	3	938	5	589	5	437	1	5,980	34
91	5	127	2	343	7	29	5	25	1	12	1	824	36
3	.	5	4	6	1	7	1	2	2	1	1	38	18
.	.	.	.	.	.	.	.	.	.	.	.	2	1
1	.	.	.	.	.	.	.	.	.	.	.	6	1
.	.	.	.	.	.	.	.	.	.	.	.	1	1
1	.	1	1	.	.	2	.	.	.	.	.	5	2
1	1	.	.	.	.	2	.	.	.	1	.	12	6
2	1	8	4	2	2	1	.	1	.	3	.	40	12
13	.	9	.	15	.	29	.	16	.	21	.	194	1
23	.	22	.	28	.	16	.	26	.	30	.	242	1
3	.	2	.	6	.	6	.	16	1	17	.	97	4
4	.	1	.	5	.	3	.	3	.	1	.	33	.
.	.	1	.	1	.	1	.	2	.	1	.	13	.
14	.	10	.	5	.	14	.	12	.	18	.	139	.
.	.	1	.	.	.	1	.	.	.	.	.	5	.
35	.	45	.	61	.	69	.	74	.	99	.	673	.
.	.	.	.	.	.	.	.	.	.	1	.	3	1
4	1	1	.	5	.	4	.	3	.	4	.	56	1
3	.	3	.	1	1	3	.	4	1	5	.	41	3
9	.	21	2	19	2	43	.	14	.	15	1	175	6
.	.	.	.	1	.	.	.	.	.	.	.	1	.
.	.	.	.	.	.	.	.	.	.	.	.	2	.
4	.	3	.	2	.	5	1	6	.	13	2	47	5
771	13	798	22	1,161	21	1,178	16	813	15	678	9	8,796	168
2	.	3	.	4	.	1	.	2	.	.	.	58	1
1	1	1	.	.	.	1	1	1	1	.	.	8	4
1	1	.	.	1	.	.	.	.	.	.	.	3	1
1	.	2	.	.	.	1	.	1	.	.	.	9	2
.	.	.	.	.	.	2	2	2	.	.	.	10	6
.	.	3	.	2	.	1	.	2	.	1	.	17	1
.	.	.	.	.	.	.	.	.	.	1	.	2	.
1	.	.	1	.	.	.	.	.	.	1	.	2	1
5	1	1	.	3	.	1	.	1	1	1	.	24	5
7	.	7	.	8	.	9	.	5	.	8	.	72	.
.	.	.	.	1	.	.	.	2	.	1	.	4	.
1	.	.	.	.	.	.	.	.	.	.	.	1	.
.	.	1	.	.	.	.	.	1	.	.	.	3	.
.	.	.	.	.	.	.	.	.	.	.	.	1	.
.	.	1	.	.	.	.	.	.	.	.	.	3	.
14	.	10	.	19	.	12	.	16	.	15	.	186	.
3	.	6	.	7	.	5	.	3	.	3	.	41	.
14	1	1	.	1	.	2	.	1	.	.	.	14	.
14	1	7	.	5	1	8	2	8	1	12	1	108	9
45	5	39	3	55	6	50	7	43	5	46	2	538	62
95	3	130	4	122	7	140	5	138	4	129	4	1,268	57
14	2	9	.	2	.	12	.	10	.	14	.	125	3
18	1	25	3	41	6	19	2	21	2	24	4	309	35
23	3	20	.	15	.	21	.	18	.	15	.	228	6
16	.	14	.	9	1	21	1	23	1	15	2	186	9
16	.	14	.	21	.	17	.	28	1	13	.	188	3
19	.	29	.	19	.	31	1	22	.	32	.	307	5
114	1	141	1	214	.	280	.	260	.	264	.	2,378	5
411	19	464	12	549	21	619	21	608	16	595	13	6,093	215
5	2	5	1	6	1	4	1	5	1	8	2	84	20
97	1	104	2	102	6	115	2	97	.	150	1	1,324	18
69	1	65	.	69	1	77	1	74	1	106	1	974	7
1	1	.	.	.	.	.	.	1	.	1	.	10	1
1	.	1	.	.	.	1	.	.	.	.	.	7	.
3	.	2	.	11	.	3	.	4	.	27	.	83	.
.	.	2	.	.	.	.	.	.	.	.	.	2	.
.	.	.	.	.	.	1	.	1	.	2	.	13	.
69	.	107	.	113	.	74	.	60	.	67	.	497	.

Return of Operations, 1907-1908.

MONTHS.	April.		May.		June.		July.		August.	
OPERATIONS.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Abscesses—										
Incision of	23	.	27	.	14	.	14	.	12	.
Abdominal Section—										
Volvulus of Sigmoid	.	.	.	.	.	.	.	.	.	.
Laparotomy	1	.	.	.	.	.	.	.	2	.
Gastrotomy	.	.	.	.	.	.	.	.	.	.
Hysterectomy	.	.	1	.	1	.	.	.	.	.
Cophorectomy	.	.	.	.	.	.	1	.	.	.
Ovariectomy	.	.	.	.	.	.	1	.	.	.
Ectopic Gestation	.	.	.	.	.	.	.	.	.	.
Washing out Stomach	.	.	.	.	1	.	1	.	.	.
Nephropexy	.	.	1	.	.	.	.	.	.	.
Aneurism—										
Ligature of Artery	.	.	1	.	.	.	.	.	.	.
Amputations—										
Foot (Symes)	2	.	3	.	1	.	2	.	.	.
Leg (Thigh)	5	.	.	.	3	.	5	1	6	.
Digits	.	.	8	.	5	.	.	.	3	.
Penis	2	.	.	.	1	.	.	.	2	.
Forearm	1	.	1	.	1	1	.	.	.	.
Shoulder	.	.	.	.	.	.	.	.	.	.
Breast	.	.	.	.	1	.	2	.	.	.
Bladder and Urethra—										
Stricture, dilation of	13	.	10	.	6	.	16	.	6	.
External Urethrotomy	1	.	.	.	.	.	.	.	.	.
Internal Urethrotomy	.	.	1	.	.	.	.	.	.	.
Perineal Section	4	.	.	.	1	.	4	1	1	.
" Abscess	.	.	.	.	.	.	.	.	1	.
Retention of Urine	.	.	2	.	1	.	.	.	2	.
Washing out Bladder	.	.	.	.	.	.	.	.	.	.
Bones—										
Caries	.	.	1	.	.	.	.	.	.	.
Necrosis	2	.	.	.	1	.	1	.	1	.
Osteotomy	.	.	.	.	2	.	.	.	.	.
Periostotomy	.	.	.	.	.	.	1	.	.	.
Sequestrectomy	.	.	.	.	1	.	.	.	1	.
Resection of Ribs	.	.	.	.	1	1	.	.	.	.
Ununited fractures	.	.	.	.	.	1	.	.	.	.
Eye, operations on—										
Pterygium	2	.	.	.	1	.	.	.	.	.
Iridectomy	1	.	2	.	.	.	2	.	.	.
Corneal Section	1	.	.	.	.	.	.	.	.	.
Ext. of Cataract with Iridectomy	2	.	.	.	.	.	.	.	1	.
" " without Iridectomy	.	.	.	.	1	.	.	.	.	.
Needling Cataract	1	.	1	.	2	.	.	.	.	.
Extirpation of Globe	3	.	4	.	1	.	3	.	1	.
Foreign bodies removed from—										
Ear	1	.	1	.	.	.	.	.	1	.
Head	.	.	.	.	.	.	.	.	.	.
Foot	1	.	.	.	.	.	2	.	1	.
Nose	1	.	.	.	.	.	.	.	.	.
Eye	.	.	2	.	.	.	1	.	.	.
Hand	.	.	.	.	.	.	1	.	1	.
Throat	.	.	.	.	.	.	.	.	.	.
Finger	.	.	.	.	1	.	1	.	.	.
Breast	.	.	.	.	.	.	.	.	.	.
Face, Nose, Mouth etc.—										
Nasal Polypus (rem.)	1	.	.	.	.	.	1	.	.	.
Cutting Frænum Linguae	.	.	.	.	.	.	.	.	.	.
Tracheotomy	.	.	1	1	.	.	.	.	.	.
Tonsils removed	1	.	3	.	2	.	2	.	2	.
Joints—										
Arthrotomy	2	.	1	.	1	.	.	.	.	.
Reduction of	1	.	1	.	2	.	.	.	1	.
Ankylosis	.	.	.	.	.	.	.	.	.	.
Excision	.	.	.	.	.	.	1	.	2	.
Incision with drainage	1	.	1	.	.	.	.	.	.	.
Lymph Glands—										
Excision of	7	.	3	.	6	.	3	.	.	.
Scraping and cauterizing	3	.	2	.	1	.	2	.	.	.

Return of Operations, 1907-1908.

September.		October.		November.		December.		January.		February.		March.		Total.	
Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
17	.	16	.	12	.	7	.	15	.	12	.	18	.	187	.
1	1	.
2	.	1	.	.	.	.	.	7	1	3	1	1	.	17	2
1	1	.	.	.	.	1	.	.	.	.	.	1	1	5	2
.	.	2	.	.	.	.	.	.	.	.	.	.	.	1	.
.	3	.
1	.	2	.	.	.	.	.	1	1	.	.	.	.	1	1
.	1	1	.	.	.	.	6	1
.	1	.	.	.	2	.
.
.	.	.	.	1	.	1	.	.	.	.	.	.	.	3	.
2	.	.	.	2	1	1	.	.	.	.	.	.	.	13	1
1	.	3	.	1	.	2	.	4	1	3	.	6	.	39	2
6	.	4	.	6	.	5	.	1	.	2	.	1	.	41	.
2	1	.	2	.	1	.	2	.	13	.
1	.	.	.	1	.	.	.	3	.	.	.	3	.	11	1
1	1	.	.	.	.	.	1	.
1	.	1	.	.	.	1	1	4	.	1	.	.	.	11	1
7	.	6	.	4	.	12	.	4	.	3	.	8	.	95	.
.	.	.	.	1	.	1	.	.	.	.	.	1	.	2	.
3	1	.	3	.
.	14	1
2	.	9	.	4	.	.	.	2	.	2	.	1	.	2	.
.	1	.	1	.	27	.
.	2	.
2	.	1	.	1	.	1	.	.	.	.	.	.	.	2	.
.	.	.	.	1	.	.	.	.	.	1	.	1	.	11	.
.	3	.
.	1	.	.	.	.	.	2	.	1	.
.	5	.
.	1	1
2
.	.	1	.	.	.	1	.	.	.	.	.	1	.	7	.
.	1	.	1	.	8	.
.	1	.
.	.	.	.	1	.	.	.	.	.	.	.	1	.	5	.
.	.	2	.	.	.	.	.	.	.	.	.	.	.	1	.
.	.	.	.	2	.	.	.	.	.	.	.	.	.	6	.
.	.	.	.	2	.	.	.	1	.	3	.	3	.	21	.
.	.	3	.	.	.	1	.	1	.	.	.	1	.	9	.
.	1	.	.	.	.	.	1	.
.	1	.	.	.	.	.	1	.	6	.
2	4	.
2	.	1	.	.	.	2	.	.	.	1	.	1	.	10	.
.	.	1	.	.	.	.	.	.	.	.	.	.	.	3	.
1	1	.	.	.	.	.	.	.	2	.
1	2	.
.	1	.
.
.	.	.	.	1	.	.	.	.	.	.	.	.	.	3	.
.	1	1
.	.	3	.	.	.	2	.	1	.	4	.	1	.	21	.
1	2	.	.	.	7	.
.	.	1	.	1	.	.	.	1	.	.	.	2	.	10	.
.	.	1	.	.	.	.	.	.	.	.	.	.	.	1	.
.	4	.
.	2	.
5	.	3	.	3	.	3	.	3	.	3	.	4	.	43	.
2	1	.	1	.	.	.	4	.	16	.

Return of Operations, 1907-1908.

MONTHS.	April.		May.		June.		July.		August.	
OPERATIONS.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Hernia—										
Reduction of	1	.	.	.	.	.	.	.
Radical cure for	...	2	4	1	2	.	.	.	1	.
Herniotomy for Strangulated Hernia	...	1	.	.	1	.	.	.	.	.
Fractures—										
Simple and Compound	...	16	15	.	16	.	11	.	9	.
Male Generative Organs—										
Paraphymosis	1	.	.	.
Hydrocele—Radical cure	...	2	2	.	.	.	1	.	1	.
Tapping	...	2	1	.	.	.	.	.	1	.
Bubo
Circumcisions	...	9	6	.	3	.	6	.	4	.
Castration	1	.	.	.	.	.	.	.
Chancroids—cauterising	...	4	2	.	1	.	2	.	1	.
Extravasation of Urine	1	.	.	.	.	.	.	.
Female Generative Organs—										
Curetting	1	.	2	.	2	.	.	.
Cancer of cervix—amputation of
Ruptured Ectopic Gestation	1	.
Hysteropaxy	1	.	.	.	.	.	1	.
Papilloma of Vulva Excised	1	.
Rectum and Anus—										
Fistulo in Ano	...	2	2	.	.	.	1	.	.	.
Dilation of Sphincter	1	.	.	.	.	.	.	.
Imperforated Anus
Stricture of Rectum	1	.	.	.	.	.
Reduction of Prolapse (Rectum)
Hæmorrhoids (Ligature of)	...	2	1	.	3	.	2	.	1	.
Nails removed	...	1	1	.	2	.	.	.	3	.
Plastic Operation—Skin Grafting	...	1	.	.	.	.	.	.	.	.
Dislocation—										
Shoulder	...	1	.	.	1	.	.	.	.	.
Jaw
Elbows	1	.	.	.	.	.	.	.
Incisions, Cellulitis and Carbuncle	...	3	5	.	1	.	2	.	2	.
Trephining and cleaning Mastoid Cells	...	1	.	.	.	.	.	.	.	.
Tendons—										
Suturing of	1	.	.	.	.	.	1	.
Tenotomy	...	1	.	.	.	.	.	.	.	.
Tumours and Cysts—										
Carcinoma	...	3	1	.	3	.	1	.	1	.
Antral Tumour
Bursal Tumour	1	.	.	.	1	.
Sarcoma	1	.	.	.	.	.
Adenoids	...	1	1	.	.	.	.	.	.	.
Cystic Tumour of Jaw	1	.	1	.	.	.
“ “ Neck	1	.
Keloid of Ear	1	.	.	.	.	.	.	.
Cyst of Gland of Bartholini	...	1	.	.	.	.	.	.	.	.
Fibroma	1	.	.	.	.	.	1	.
Lipoma	...	2	.	.	.	.	1	.	1	.
Meibomian Cyst	1	.	.	.	.	.
Sebaceous “	...	1	.	.	.	.	.	.	2	.
Nævus	1	.
Examination under Chloroform	1	.	.	.	1	.	.	.
Scraping Chronic Ulcers	...	7	4	.	1	.	3	.	2	.
Extraction of Teeth	...	26	38	.	38	.	30	.	29	.
Recto-Vaginal Fistula	1	.	.	.
Paracentesis	...	1	2	.	1	.	1	.	2	.
Ruptured Perineum	1	.	.	.	.	.
Perineal Fistula	1	.	.	.
Elephantiasis
Parturition (Placenta Prævia)	...	1	.	.	.	.	.	.	.	.
Operation for Empyæma
Minor Operations	4	.	1	.	.	.	2	.
Total	...	174	179	2	141	2	134	2	117	.

Return of Operations 1907-1908.

September.		October.		November.		December.		January.		February.		March.		Total.	
Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
.	.	.	.	1	.	.	.	1	.	.	.	1	.	4	.
3	.	4	.	1	.	.	.	1	.	.	.	.	.	18	1
1	.	2	1	.	.	.	.	.	.	1	1	.	.	6	3
14	.	14	.	6	.	12	.	9	.	15	.	22	.	159	.
2	.	6	.	.	.	1	.	1	.	2	.	1	.	14	.
.	.	.	.	2	.	1	.	1	.	.	.	.	.	10	.
1	.	1	.	2	.	2	.	.	.	.	.	.	.	9	.
1	.	4	.	3	.	2	.	5	.	10	.	10	.	1	.
1	.	2	.	3	.	1	.	4	.	2	.	4	.	63	1
.	27	.
2	.	4	.	1	.	.	.	1	.	3	.	5	.	1	.
1	21	.
1	1	.
.	3	.
.	1	.
2	.	1	.	.	.	.	.	.	.	.	.	4	.	12	.
.	1	.	.	.	.	.	1	.	3	.
.	1	.	1	.
.	1	.	1	.
.	.	1	.	1	.	.	.	1	.	1	.	1	.	1	.
1	.	3	.	.	.	2	.	3	.	.	.	3	.	16	.
.	3	.	19	.
.	1	.
.	.	1	.	.	.	.	.	.	.	.	.	.	.	2	.
.	1	.
3	.	2	.	.	.	.	.	.	.	.	.	.	.	1	.
1	.	1	.	1	.	2	.	1	.	2	.	6	.	28	.
.	1	.	6	.
1	2	.	.	.	.	.	1	.	2	.
.
1	.	1	.	3	.	1	.	3	.	1	.	2	.	21	.
.	.	1	.	1	.	.	.	.	.	.	.	.	.	2	.
.	2	.	4	.
.	1	.	.	.	.	.	1	.
.	3	.
.	2	.
.	1	.
.	1	.
.	.	1	.	.	.	1	.	1	.	.	.	.	.	3	.
.	6	.
.	1	.
.	.	1	.	.	.	.	.	.	.	.	.	.	.	4	.
1	2	.
1	.	1	.	.	.	4	.	1	.	2	.	2	.	13	.
2	.	1	.	1	.	8	.	1	.	5	.	2	.	37	.
25	.	21	.	27	.	31	.	37	.	26	.	34	.	362	.
.	1	.
3	.	.	.	3	.	1	.	.	.	2	.	.	.	16	.
.	1	.	.	.	.	.	2	.
.	1	.
.	1	.
.	.	.	.	2	.	.	.	.	.	.	.	.	.	2	.
.	.	1	.	.	.	.	.	.	.	.	.	.	.	1	.
7	.	3	.	2	.	.	.	.	.	3	.	7	.	29	.
140	1	139	1	102	1	120	1	127	4	120	2	183	1	1,676	13

PUBLIC HOSPITAL.

Report on the Public General Hospital for the year ended 31st March, 1908.

Sir,

I have the honour to forward for the information of His Excellency the Governor, the Annual Report and Returns of the Public Hospital, Kingston, for the financial year ending 31st March, 1908.

The Hospital has been recovering from the effects of the Earthquake, and is resuming its normal condition.

During the year the following officers went on leave:—Dr. Castle from 23rd May, 1907, to 30th November, 1907. Dr. Allwood from 11th April, 1907, to 31st March, 1908. Mr. Gordon, Dispenser, from 17th August, 1907, to 21st February, 1908.

Dr. Allwood has been spending his time in working up Bacteriology, etc., at the Liverpool School of Tropical Medicine and the knowledge he has gained should be of immense value to the Island. A special allowance of £111 5s. was voted by the Hon. Legislative Council to enable him to obtain 3 months leave on full pay. Mr. Gordon, during his vacation, has been taking lessons in the working of the X Ray apparatus and will, it is hoped, be a help in the management of our Hospital machine.

The sum of £150 has been voted on the Estimates for 1908-9 for the equipment of a Bacteriological Laboratory at the Hospital, and a sum of £100 as remuneration to the Medical Officer appointed to carry on this research work. It is to be hoped that Medical Practitioners, Government and unattached, will take advantage of the Laboratory when installed and send specimens of blood, urine, sputa, etc., to be examined by the Bacteriologist appointed to the Hospital. A small charge will naturally be made for these investigations, as is done elsewhere.

This department should later on, do a great deal towards covering its own expenses by means of fees. The Nurses Home has been carried on as usual and as His Excellency the Governor has shown great interest in it, it is to be hoped that it may, in time, be extended so as to be capable of admitting all those probationers and nurses requiring a home, especially those who come up from the country.

The Matron's and Nurses' quarters have, during the year, been attached to the sewerage system.

The Legislative Council in the January Session voted the sum of £900 for the purchase of the Congregational Manse and grounds next the Hospital in North Street which property is bounded by Princess Street on the east and Matthews' Lane on the west, the latter lane dividing it from the Hospital grounds.

As a result of this purchase, the Hospital, which has, for years, been very much cramped for want of room, will be able to extend its female wards eastward and the Island Medical Office which has had its home in a house at the corner of Beeston and East Streets has been moved up to the newly bought property, that office now occupying what has until recently been the Manse.

This change will be a great advantage as the former system of having two offices one at the Hospital and one in East Street was in many ways a drawback.

The old Medical office in East Street is now available for whatever use His Excellency may appoint it. It may be used to house another department or to save lodging allowance.

Beyond this, by the union of the two offices an annual saving of over £300 will be effected on salaries in the Island Medical Office.

The Manse is quite large enough to accommodate not only the clerks of the Island Medical Office and Public Hospital, but also the Island Medical Stores. A great amount of building which would otherwise have been necessary need not now be proceeded with.

Care has been taken to have all shelves in the new Medical store protected by strips of wood, so that in case of an earthquake the bottles will not jump on to the ground as was the case in 1907.

The office work at the Hospital has for a whole year been carried on in a tent for want of a room or rooms, the old office having been made over to the Matron to house the linen in, being practically the only place that can be safely locked up and conveniently used as a linen store.

The outpatient work has now for some time been carried on most inconveniently in one of the male underbuildings and this department has naturally been at a disadvantage. It is to be hoped that the new buildings will soon be taken in hand and proceeded with, as they are badly wanted.

The Dispensary clerks who are learning their profession as Dispensers, have never had a room to study in, but have been left to shift for themselves as best they could. The provision

of a room for them to sit and study in appears only just, inasmuch as they pay a premium of £5 on entering the Hospital, and I think they are entitled to some small consideration.

The new Operating Theatre building which was commenced in the year 1906 but which was greatly damaged by the earthquake of January 14th, 1907, when it was half built, has now been completed and should be of the greatest service to the Hospital. The structure consists of an Operating Theatre proper, a room for chloroforming patients previous to their being taken to the Theatre and 2 small rooms in addition. The floor is of cement concrete and a dado of white tiles reaches to the window sills. Instrument cases and glass shelves as well as wash stands and sink are fixed to the walls and the usual conveniences are supplied. Light is provided for by 9 windows, while electricity is laid on for use at night, there being 5 fixed and 2 moveable lamps.

IMPROVEMENTS.

The following improvements in the hospital have been effected during the past year:—

(a) The brick wall between the old Theatre ward and Alexander ward has been pulled down as also that between Theatre ward and the male side of the hospital, decidedly improving the appearance of the hospital grounds.

(b) The high wall which, in the old days when the Public Hospital was a Lunatic Asylum, divided the male from the female side has also, on His Excellency's suggestion, been pulled down, greatly improving the general appearance of the grounds, as well as permitting a far better circulation of fresh air.

As soon as good grass plots and borders have been laid out and plants put in the Hospital will look very smart.

(c) The covered way from Edward ward underbuilding has been partly lowered, as it blocked the eastern windows of the Nurses room and pantry of the above ward, preventing free entry of air.

(d) The water closets, which existed at the eastern ends of Edward and William ward and which were badly damaged by the earthquake so as either to fall down or need pulling down, have not been re-erected; some, what can only be called, temporary accommodation in that respect, inasmuch as it is too cramped, being made at the western ends of these wards.

(e) A new wooden ceiling has been put up to William ward to replace the plaster one damaged by the earthquake.

The work of the institution has been carried on under difficulties, owing to the want of a proper Outpatient Department.

I hope that the new building will soon be commenced, as we have now been for a year and several months without proper Hospital accommodation.

have &c.,

J. E. KER,

Superintending Medical Officer.

Public Hospital, Kingston, May 26th, 1908.

Sir,

I have the honour to place before you, the Medical and Surgical returns of the Public Hospital for the financial year ending March 31st, 1908.

1. Table I. Shows the number of patients treated in hospital during the period under review with results.

The total number being 3,771, of this number 200 were left remaining in hospital at the end of the year.

The daily average number of beds occupied was 194 as compared with 196 in the previous year. The number of applicants for admission who were rejected for want of accommodation or for other reasons was 3,870.

These people are either referred to the District Medical Officer or else to the Inspector of Poor or are advised to return and apply for admission.

2. Table II. Gives the average stay in days of patients in hospital.

3. Table III. Gives the total number of deaths during the year, the number being 401 as compared with 300 in the previous year.

This table also gives the number of deaths that occurred 12, 24, 48 and 72 hours after admission.

These people were admitted in a more or less moribund condition, the total under this heading was 98.

The death rate was 10 per cent.

The high death rate was due to the fact that enteric fever and pneumonia prevailed in an epidemic form during the year. Exceedingly severe types of both diseases were treated, and I have not the slightest hesitation in saying that had it not been for the free use of alcohol, the death rate would have been higher.

Table IV. gives a medical return of cases treated with results. The most noteworthy diseases were :—

- (a) *Malarial fever*.—The number of cases of malarial fever treated during the year under review was 666 as compared with 897 cases, treated during the previous year. Of these 666 cases treated, 34 proved fatal.

The diminution in the number of cases under this heading is doubtless accounted for by the fact that the past year was exceedingly dry, in fact one long drought obtained throughout the year.

In this connection, I would point out, that if the people of Kingston, were more careful in seeing that pools of water were not allowed to collect, and lie about their premises, (however small these pools might be) which in most instances are caused by the careless locking off of water taps, they would by attention to so simple a matter prevent the formation of breeding foci for mosquitos and thereby confer a safeguard not only on themselves but on their neighbours.

- (b) *Tubercle*.—Under the heading of this disease—137 cases were treated with 45 deaths. Of the 137 cases, 74 were cases of phthisis with a mortality of 23—the remainder were cases of the disease which affected the joints, peritoneum glands, etc. The number of applicants for admission who are rejected annually is a very great danger to the public health—it is unnecessary for me to dilate upon this matter as consumption and its, so far, want of curability are too well known to every layman—but it behoves us to do all we can to prevent the spread of a disease, which is obtaining such a strong hold on the health of the populace.

- (c) *Enteric fever*.—The number of cases of enteric fever was 176 the fatal cases numbering 69.

Enteric fever during the year just ended, became epidemic and not for many years, if ever, have so many cases been treated in the hospital. The long protracted drought, the prevalence of great quantities of dust and the lowered standard of health in the community of Kingston—from one cause or another—was in my opinion responsible for this outbreak of the disease (and more than likely flies proved carriers of the disease).

The death rate although so high, can be accounted for by the fact that many of the cases were admitted in a very far advanced stage of the disease, indeed, so hopeless were these cases, that little or nothing could be done for them.

- (e) *Venereal diseases*.—The total number of cases treated in hospital during the year under review was 268 as compared with 315 cases treated in the previous year.

The subjoined table shows the classification :—

		Cases.	Death.
Syphilis—Primary	...	8	1
„ Secondary	...	11	...
„ Tertiary	...	31	3
„ Inherited	...	6	1
„ Gonorrhœa	...	166	4
„ Chancroids	...	46	1

I am glad to say there is a falling off in the number of cases treated in the hospital as compared with former years.

- (d) During the period under review there was an outbreak of pneumonia which assumed grave proportions, and was of a septic nature, and no doubt caused by the continuous dust storms that prevailed during the year.

The admissions during the year numbered 137 with 33 deaths.

In no year have so many cases been admitted.

The death rate was high, but many of these cases were admitted in a very critical condition.

In April there were 39 cases admitted of this number 10 died.

Table V., gives the return of the surgical operations performed with results.

Twelve hundred and sixty seven operations were performed and there were 36 deaths.

The operating room has very nearly reached completion.

Tables VI., VII., VIII., give returns of countries, parishes, and occupations of patients admitted during the year.

Table IX., shows the number of prescriptions dispensed for the out-patients, the Constabulary and the Maternity Hospital.

The number of casualties treated during the year was 7,127 as compared with 6,987 attended to during the previous year.

The annual written examination for the nurses was held in December and Sister

Adelaide is to be congratulated on the result of her tuition. The papers one and all testify to the care with which the nurses have been taught.

The annual Christmas treat for the patients and nurses was held on December 29.

Lady Olivier very kindly distributed the gifts to the patients who much appreciated her visit.

Mrs. Bourne presented a casket of scent to each of the nurses the very kind gift of Mr. Holland.

To those kind ladies and gentlemen who assisted at the concert and gave so much pleasure to the patients, the thanks of the staff are due.

The thanks of the hospital are due to the kind friends who have presented the wards with illustrated papers and magazines.

I have, etc.,

CHARLES W. M. CASTLE, M.R.C.S. Eng., S.M.O.

The Superintending Medical Office, Kingston.

TABLE I.

		Males.	Females.	Total.
Patients remaining in Hospital April 1st 1907	...	117	110	227
Patients admitted 1907-1908	...	2,082	1,462	3,544
Total patients treated	...	2,199	1,572	3,771
Of these were cured	...	1,516	1,094	2,610
Of these were relieved	...	235	171	406
Of these died	...	244	157	401
Of these were not relieved	...	82	72	154
Remaining in Hospital March, 31st 1908	...	122	78	200
				3,771

Death rate 10 per cent.

TABLE II.

Daily average number of beds occupied by male patients	...	111	16
“ “ “ “ female patients	...	82	13
Average stay in days of those who died—males	...	9	8
“ “ “ “ females	...	13	2
“ “ males remaining at the end of the year	...	29	1
“ “ females “ “ “	...	18	8
Longest stay of any one patient in Hospital	...	23	1

TABLE III.

Patients who have died within the following hours after admission.

Hours.		12	24	48	72	Total.
Males	...	11	5	25	21	62
Females	...	6	5	14	11	36
Total	...	17	10	39	32	

TABLE IV.

Disease.	April.		May.		June.		July.		August.		September.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
General Diseases—												
Measles	1	.	.	.	.	.	.	.	.	.	.	.
Influenza	2	.	2	.	.	.	.	.	.	.	.	.
Diphtheria	.	.	.	.	.	.	.	.	.	.	.	.
Enteric Fever	20	6	15	3	22	12	18	7	24	8	8	4
Dysentery	.	.	2	.	2	.	.	.	.	.	.	.
Malarial Fever—(a) Intermittent	21	1	29	1	17	.	42	.	63	.	48	.
(b) Remittent	24	4	26	3	31	3	29	2	24	2	16	4
Erysipelas	.	.	.	.	.	.	1	1	1	.	1	1
Septicæmia	.	.	.	.	.	.	1	1	.	.	1	1
Tetanus	1	1	2	2	.	.	.	.	1	1	.	.
Tubercle	25	9	16	7	14	5	12	3	7	2	5	2
Syphilis (a) Primary	.	.	3	.	4	1	.	.	1	.	2	.
(b) Secondary	.	.	.	.	.	.	.	.	2	.	.	.
(c) Inherited	.	.	.	.	1	.	.	.	3	.	1	1
Tertiary	3	.	4	.	3	.	2	.	.	.	7	.
Gonorrhœa	9	.	13	.	11	.	2	1	10	.	22	.
Chancroids	6	.	3	.	4	.	3	.	3	.	2	1
Alcoholism	.	.	.	.	.	.	.	.	.	.	.	.
Rheumatism	4	.	10	.	5	.	7	.	6	.	7	.
Rheumatic Fever	.	.	.	.	1	.	.	.	.	.	.	.
New Growth, non-malignant	.	.	.	.	.	.	.	.	.	.	.	.
“ “ malignant	4	.	6	.	4	.	3	.	2	.	6	.
Anaemia	3	.	.	.	.	.	1	.	6	.	1	.
Diabetes	.	.	.	.	.	.	.	.	.	.	1	.
Debility	.	.	.	.	1	1	.	.	1	.	1	.
	123	21	131	16	120	22	140	15	154	13	128	13
Local Diseases—												
Diseases of the Nervous System.												
Sub-section I.												
Disease of the Nerves—												
Neuritis	22	1	10	.	4	.	5	.	5	1	5	.
Meningitis	.	.	.	.	.	.	.	.	.	.	.	.
Myelitis	.	.	.	.	.	.	.	.	.	.	.	.
Apoplexy	1	1	.	.	.	.	.	.	.	.	.	.
Sub-section II.												
Functional Nervous Disorders—												
Paralysis	.	.	.	.	.	.	.	.	.	.	.	.
Epilepsy	1	.	2	.	.	.	.	.	.	.	1	.
Neuralgia	1	.	.	.	1	.	.	.	1	.	1	.
Hysteria	.	.	.	.	.	.	.	.	.	.	.	.
Sub-section III.												
Mental Disorders—												
Mania	1	.	.	.	.	.	.	.	.	.	.	.
Dementia	.	.	.	.	.	.	.	.	.	.	.	.
Diseases of the Eye	11	.	15	.	8	.	6	1	5	.	4	.
do. Ear	.	.	.	.	1	.	.	.	1	.	.	.
do. Nose	.	.	.	.	.	.	.	.	1	.	1	.
do. Circulatory System	7	.	7	1	11	6	11	3	6	.	11	.
do. Respiratory “	59	14	22	6	20	5	22	4	14	3	23	5
do. Digestive “	37	5	32	5	17	3	20	3	18	2	11	3
do. Lymphatic “	3	.	10	.	8	.	4	.	8	.	12	.
do. Urinary “	12	.	11	3	13	2	23	5	13	2	12	2
do. Generative System—												
Male Organs	.	.	1	.	.	.	3	.	.	.	1	.
Female “	6	.	8	.	12	2	10	1	21	.	13	1
do. Bones and Joints	5	.	5	.	4	.	2	.	5	.	6	.
do. Organs of Locomotion	1	1	.	.	.	.	.	.	.	.	.	.
do. Cellular Tissue	23	1	20	.	30	.	28	2	14	.	10	.
do. Skin	5	1	.	.	.	.	.	.	.	.	1	.
	195	24	143	15	129	18	134	19	112	8	112	11
Injuries, Local	19	2	28	1	27	.	23	2	25	1	22	.
Malformation	1	.	3	.	8	.	4	.	9	.	8	.
Poisons	.	.	1	.	.	.	.	.	.	.	.	.
Parasites	1	.	.	.	.	.	.	.	.	.	1	.
Other Diseases	.	.	.	.	.	.	.	.	.	.	2	1
No Diseases	.	.	1	.	4	.	2	.	.	.	2	.
	21	2	33	1	39	.	29	2	36	1	35	1
Abscesses	.	.	.	.	.	.	10	.	7	.	8	.
Abortion	.	.	1	.	1	.	.	.	3	2	3	.
Pregnancy	.	.	.	.	.	.	.	.	.	.	.	.
Berri-berri	.	.	.	.	.	.	.	.	.	.	.	.
	.	.	1	.	1	.	10	.	10	2	11	.

TABLE IV.

October.		November.		December.		January.		February.		March.		Total.		Remaining in Hospital on 1st April, 1908.
Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	
.	1	.	2	.	21
.	2	.	6	.	
9	1	19	7	12	4	10	3	10	5	9	9	176	69	
1	.	1	1	.	.	1	.	.	.	.	.	7	1
58	.	58	.	43	.	41	1	29	.	21	1	470	4	
8	1	9	2	10	2	11	4	4	.	4	1	196	28	
.	2	1	
.	1	1	.	.	.	.	3	3	
1	1	1	1	2	2	2	.	2	2	.	.	12	10	
10	2	11	4	13	4	8	2	12	4	4	1	137	45	
.	8	7	
1	.	1	.	1	.	2	.	2	.	.	.	11	.	
.	.	.	.	1	.	.	.	.	.	.	.	6	1
.	.	2	.	5	2	4	.	1	1	.	.	31	3	
15	.	13	.	13	1	18	.	13	2	8	.	166	4	
4	.	3	.	3	.	6	.	7	.	2	.	46	1	
1	.	1	.	1	.	1	1	1	.	1	.	6	1	
6	.	8	.	5	.	7	.	5	.	.	.	70	.	
.	1	.	
1	.	.	.	1	.	5	.	.	.	2	.	9	.	
5	.	3	1	4	.	1	.	4	.	1	.	42	1	
.	.	.	.	1	.	1	.	1	.	.	.	15	.	
.	.	.	.	1	.	.	.	.	.	.	.	2	.
.	.	2	1	5	.	3	.	.	.	.	.	13	2
120	5	132	17	121	15	122	12	91	14	55	12	1,437	175	72
.	95
1	.	3	.	3	.	6	.	5	1	6	1	75	4	
.	1	1	.	.	1	1	2	2	
.	1	.	.	.	1	1	3	2	
2	1	.	.	.	.	.	.	.	.	.	.	2	1
2	1	2	.	3	.	.	.	1	.	1	.	13	1	
1	.	1	.	.	.	.	.	1	.	.	.	6	.
.	1	.	
.	1	.	.	.	.	.	2	.	
3	.	6	.	9	.	5	.	1	.	.	.	1	.	
1	.	2	.	.	.	.	.	1	.	1	.	74	1
1	5	.	
5	.	14	4	8	3	15	1	9	2	2	.	3	.	
22	3	12	1	12	2	17	1	4	.	.	2	106	20	
23	4	24	4	21	2	20	1	36	6	11	2	238	46	
5	.	4	.	5	.	5	.	3	.	30	5	289	43	
10	1	13	4	27	3	15	4	15	4	15	3	68	.	
.	179	33	
1	.	2	.	.	.	.	.	.	.	.	.	8	.
11	.	11	.	11	1	13	.	11	.	3	.	130	5	
6	.	5	.	5	.	6	.	4	.	5	.	58	.	
18	.	15	.	10	.	9	.	.	.	.	.	1	1
.	.	.	.	1	.	3	.	13	.	5	.	195	3	
.	2	.	.	.	12	1	
112	10	114	13	115	11	117	8	106	13	82	13	1,471	163	95
26	.	11	.	34	1	10	.	18	3	13	.	256	10	17
3	.	4	.	6	1	2	.	8	1	1	.	57	2	
.	1	.	.	.	.	.	2	.	
.	.	1	.	.	.	1	.	.	.	.	.	4	.
2	.	.	.	1	.	3	.	2	1	.	.	12	2	
2	.	3	.	2	.	4	.	6	.	.	.	26	.	
33	.	19	.	43	2	21	.	34	5	14	.	357	14	
7	.	7	.	7	.	6	.	5	.	3	.	60	.	
1	.	5	.	3	1	2	.	2	.	1	1	22	4	
2	1	.	3	.	
.	.	.	.	1	.	.	.	.	.	.	.	1	.
10	.	12	.	11	1	8	.	7	.	5	1	86	4	8

TABLE V.

22

TABLE V.

September.		October.		November.		December.		January.		February.		March.		Total.	
Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
28	.	27	.	28	.	33	.	19	.	26	.	31	1	413	2
1	1	.	.	.	.	.	.	.	.	.	.	.	.	1	1
1	1	.	.	.	.	.	.	.	.	.	.	.	.	2	2
3	1	.	.	1	1	.	.	.	.	.	.	.	.	1	1
.	6	1
.	.	1	.	.	.	.	.	.	.	2	1	.	.	2	1
.	4	2
.	1	.	.	.	.	.	.	.	1	.
.	2	.	.	.	1	.	6	2
.	1	.
.
.	1	.
.	3	.
.	1	.
1	.	1	.	1	.	1	.	1	.	2	.	.	.	11	.
12	.	.	.	1	.	2	.	1	.	.	.	2	.	25	.
.	.	1	.	1	.	.	.	.	.	.	.	.	.	2	.
1	.	1	.	1	.	.	.	.	.	.	.	.	.	3	1
.	.	.	.	1	.	.	.	.	.	.	.	1	.	7	.
.	1	.	1	.	5	.
.	4	1
9	.	9	.	9	.	21	.	6	.	7	.	8	.	107	2
.	.	1	.	1	.	.	.	2	1	.	.	.	.	12	3
.	1	.	1	.	.	.	.	.	2	.
.	1	.	.	.	.	.	.	.	1	.
2	.	3	.	2	1	3	.	4	.	1	.	.	.	29	1
3	.	1	.	3	.	1	.	3	1	4	.	1	.	4	1
.	4	.	20	1
1	1	1	1	.	.	.	.	.	.	1	.	.	.	4	1
1	.	1	.	.	.	.	.	.	.	.	.	.	.	4	2
.	2	.	.	.	.	.	1	.
.	1	.	.	.	4	.
.	1	.
.	1	.	.	.	.	.	1	.
.	1	.	2	.	.	.	3	.
2	1	2	.	2	.	2	.	1	.	3	.	1	.	1	.
.	1	.	30	.
.	1	.	4	.
.	1	.
1	1	.	1	.
1	2	.	4	.	.	.	1	.	11	.
2	.	4	.	.	.	1	.	1	.	2	.	.	.	4	.
1	.	1	.	2	.	.	.	1	.	1	.	1	.	17	.
1	.	.	.	1	.	1	.	1	.	1	.	1	.	7	.
1	1	.	1	.	7	.
2	1	.	.	.	3	.
.	1	.	1	.
.	4	.
.
.	1	.	.	.	1	1	1	.	2	1
.	2	.	6	.
1	.	1	.	1	.	.	.	.	.	2	.	.	.	1	.
.	6	.
.	2	.
.
1	.	1	.	.	.	.	.	.	.	.	.	.	.	1	.
.	2	1
.	1	.	1	.	.	.	3	.

TABLE V.

[illegible]

September.		October.		November.		December.		January.		February.		March.		Total.	
Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
10	.	16	.	5	.	6	.	13	.	2	.	1	.	14	56
3	.	3	.	2	1	2	.	.	.	3	1	2	.	24	11
.	6	.
3	.	1	.	1	.	5	.	1	.	3	.	.	.	2	.
3	.	5	1	2	.	2	.	5	.	10	1	6	.	33	51
.	2	.	.	.	3	2
.	.	.	.	1	.	1	.	1	.	.	.	1	.	2	5
.
10	.	6	.	12	.	9	.	11	.	5	1	11	.	1	89
.	8	.	.	.	.	.	1	1
1	.	1	.	.	.	.	.	.	.	.	.	.	.	.	.
1	.	.	.	1	.	.	.	.	.	.	.	.	.	5	.
1	1	.
1	2	.
.	1	1	1	1
.	.	1	.	.	.	.	.	.	.	.	.	.	.	.	.
1	.	2	.	1	.	.	.	1	1	.	.	1	.	2	.
2	.	1	.	3	.	1	.	4	.	1	.	.	.	6	1
.	8	.
.	26	.
.	1	.	.	.	.	.	1	.
.	1	.	.	.	1	.	1	.
.	1	.	.	.	.	.	1	.
1	.	1	.	.	.	2	.	2	.	1	.	.	.	6	10
.	2	.
.	1	.	.	.	2	2
1	.	1	.	.	.	.	.	1	.	.	.	.	.	4	.
69	.	43	.	72	.	51	.	59	.	64	.	47	.	1	.
.	747	.
.	.	.	.	1	.	.	.	.	.	.	.	1	.	2	.
.	.	.	.	2	.	.	.	.	.	.	.	2	.	5	.
.	1	.	.	.	.	.	1	.
1	1	.	2	.
.	6	.
.	1	.	.	.	.	.	.	.	1	.
1	.	1	.	5	.	1	.	1	.	5	1	4	1	1	.
1	.	.	.	1	.	1	.	2	.	1	.	.	.	33	2
1	.	4	.	2	.	3	.	2	.	4	.	3	.	12	.
.	.	.	.	1	.	.	.	.	.	.	.	.	.	41	.
.	2	.
.	2	.
.	.	3	.	.	.	1	.	.	.	1	.	2	.	11	.
.	.	1	.	.	.	.	.	1	.	.	.	.	.	3	.
1	.	2	.	.	.	1	.	1	.	.	.	.	.	5	.
.	2	.	2	.	1	.	.	.	7	.
.	5	.

TABLE VI.—COUNTRIES.

America	9	Germany	15	Nova Scotia	1
Antigua	1	Hayti	1	Poland	1
Barbados	8	Holland	2	St. Lucia	1
Canada	1	India	36	Scotland	1
China	6	Inagua	1	Spain	1
Colombia	5	Ireland	1	Sweden	1
Cuba	1	Jamaica	3,407	Tartaria	1
Dominica	1	Montserrat	1	Trinidad	1
England	28	Nassau	1	Turks Island	2
Finland	1	Nicaragua	1		
France	2	Norway	5	Total	3,544

TABLE VII.—PARISHES.

Kingston	2,616	St. Ann	4	Clarendon	12
Port Royal	23	Trelawny	2	St. Catherine	19
St. Andrew	825	St. James	1		
St. Thomas	3	Westmoreland	1	Total	3,544
Portland	11	St. Elizabeth	3		
St. Mary	23	Manchester	1		

TABLE VIII.—OCCUPATIONS.

Accountants	2	Dispensers	1	Pedlars	14
Apprentices	61	Draymen	22	Planters	75
Bakers	44	Electricians	2	Plumbers	1
Barbers	3	Engineers	4	Porters	4
Billardmarkers	1	Enginedrivers	1	Postmistresses	1
Blacksmiths	12	Farriers	1	Printers	2
Boatmen	1	Firemen	25	Saddlers	4
Boatswains	3	Fishermen	39	Sawyers	3
Bookbinders	1	Fitters	4	Schoolmasters	6
Bookkeepers	2	Foremen	1	Seamen	38
Botanists	1	Gardeners	34	Seamstresses	121
Brakcsmen	5	Goldsmiths	5	Servants	286
Bricklayers	56	Gravediggers	1	Shoemakers	25
Busmen	9	Grooms	19	Shopkeepers	11
Butchers	16	Gunners	1	Shopservers	20
Butlers	30	Hatmakers	5	Soldiers	1
Cabinetmakers	1	Headmen	6	Speculators	3
Cakesellers	15	Higglers	73	Stewards	5
Carpenters	118	Housecleaners	38	Stevedores	1
Cartmen	36	Labourers	774	Storemen	20
Cigarmakers	20	Laundresses	402	Tailors	20
Clergymen	1	Machinist	2	Tinsmiths	3
Clerks	47	Masons	15	Tobacconists	2
Coachbuilders	1	Mechanics	5	Trimmers	2
Coachmen	25	Medical Practitioners	1	Typewriters	1
Commission Agents	1	Merchants	2	Warders	3
Cooks	45	Messengers	18	Watchmen	6
Coopers	8	Motormen	1	Wheelwrights	3
Conductors	1	Musicians	1		
Constables	124	None	586	Total	3,544
Coppersmiths	1	Nurses	51		
Dentists	1	Painters	31		

TABLE IX.

No. of Out-Patients with tickets from Inspector of Poor	...	694
“ Prescriptions dispensed for above	...	5 450
“ Casualties treated	...	7 127
“ Prescriptions dispensed for above	...	7 400
“ “ “ Constables	...	1 266
“ “ “ Maternity Hospital	...	306
“ Minor surgical operations on Out-patients	...	1 207

Financial Return of the Public Hospital for the five years ended 31st March, 1904, 1905, 1906, 1907, 1908.

Year.	Average daily No. of beds.	Gross expenditure.	Receipts.	Net expenditure after deducting receipts.	Number of patients admitted.	Average annual cost per bed cal- culated on the gross expenditure.	Average daily cost per bed calcu- lated on the gross expenditure.	Average annual cost per bed cal- culated on the net expenditure.	Average daily cost per bed calculated on the net expen- diture.	Cost of mainte- nance alone per bed per diem.
		£ s. d.	£ s. d.	£ s. d.		£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
1903-4	210	7,925 4 6	328 12 3	7,596 12 3	3,456	37 14 9½	0 2 0½	36 3 5½	0 1 11½	0 0 8
1904-5	204	7,926 12 2	384 0 8	7,542 11 6	3,601	38 17 1½	0 2 1½	36 19 5½	0 2 0½	0 0 8½
1905-6	206	7,888 2 6	427 5 7	7,460 16 11	3,762	38 5 10	0 2 1	36 4 4½	0 1 11½	0 0 8½
1906-7	229	9,192 8 9	412 4 8	8,780 4 1	4,349	40 2 10	0 2 2½	38 6 9½	0 2 1	0 0 8
1907-8	194	8,850 15 8	456 18 11	8,393 16 9	3,544	45 12 5	0 2 6	43 5 4	0 2 4½	0 0 10½

VICTORIA JUBILEE LYING-IN HOSPITAL.

Report on the Victoria Jubilee Lying-in Hospital for the year ended 31st March, 1908.

March 31st, 1908.

Sir,

I have the honour to submit the report of the Victoria Jubilee Lying-In Hospital for the year ended March 31st, 1908.

The number of patients admitted during the year was 434, against 441 of the previous year; 270 were black, 161 coloured and 3 were coolies. They stated their ages as follows:—68 under 20; 301 between 20–29; 55, 30–39; 10, 40–49. The two youngest patients were 13 and 14 years old. 123 were married. 366 resided in Kingston; 64 in St. Andrew; 4 in more remote parishes.

There were seven deaths during the year. One each from peritonitis, pneumonia, septicæmia, pulmonary embolism, cardiac embolism enteritis and puerperal convulsions. Most of these cases were admitted in a critical condition.

The number of infants born was 398; 243 males, 155 females. There were 14 cases of twins and 40 still-births. Eight pupil nurses completed their course of training and seven entered.

For the first nine months of the year the patients were accommodated in marquees on the waste land on the north side of the Hospital grounds. The nursing was carried on under very trying conditions—noise, dust, heat and depredations by thieves. The repairs to the damaged hospital buildings which had to be practically entirely rebuilt, were completed at the end of December and the wards were handed over for occupation early in January. Since then the hospital work has resumed its usual routine.

The following most acceptable gifts were received during the year:—a large irrigator and some infant clothing from Lady Olivier, ten shillings towards the repair of the musical box which was damaged by the earthquake from Miss Kirkwood, Edinburgh. Two food safes, a clock, a weighing machine and a number of mats for bedrooms were sent by friends in England. A large number of useful articles were received from ex-pupils and ex-patients.

I have, etc.,

(Sgd.)

M. GRABHAM,

Visiting Medical Officer, Victoria Jubilee Hospital.

Hon. Superintending Medical Officer.

SYNOPSIS OF CASES.

<i>Presentations:—</i>		Post partum hæmorrhage	7
Vertex	383	Placenta prævia	2
Face	3	Rheumatism	3
Transverse	4	Septicæmia	2
Breech	8	Vaginitis	15
		Vaginal ulceration	4
<i>Diseases and complications affecting the mother:—</i>		Vomiting, excessive	2
Abscess of breast	3	<i>Diseases and deformities affecting the infant,</i>	
Abortions	15	<i>fœtal membranes, etc.:—</i>	
Adherent placenta	6	Convulsions	2
Albuminuria	13	Diarrhæa	2
Anaemia	2	Ophthalmia	9
Convulsions puerperal	10	Hæmorrhagic diathesis	3
Cicatrised os	4	Hydramnion	1
Cystitis	1	Extra fingers	3
Enteritis	2	<i>Operations:—</i>	
Embolism of femoral vein	1	Version	31
Embolism, cardiac	2	Application of forceps	22
Eczema	12	Curetting	7
Fever, undefined	6	For ruptured perinæum	18
Fibroids	2	Cæsarian section	1
Granuloma of labia	1	Craniotomy	1
Mastitis	4		
Pneumonia	1		
Pelvic deformity	4		

Numerical Summary of results since the opening of the Institution.

Year.		No of Patients.	Race.				Infants.				Deaths.	No. of Patients.
			Black.	Coloured.	Coolie.	White.	Male.	Female.	Twins.	Still-born.		
1892-93	...	89	67	22	—	—	20	34	—	14	4	4
1893-94	...	219	171	44	3	1	74	85	1	35	9	11
1894-95	...	239	185	48	2	4	76	96	6	27	3	6
1895-96	...	217	187	26	1	3	89	86	3	40	1	5
1896-97	...	378	281	92	4	1	173	189	6	39	7	8
1897-98	...	444	319	120	3	2	229	210	12	37	10	6
1898-99	...	500	345	146	4	5	249	253	13	60	7	10
1899-1900	...	581	382	196	2	1	277	283	11	66	9	9
1900-1901	...	483	339	135	5	4	241	227	6	38	9	9
1901-1902	...	785	539	235	7	4	379	374	10	58	7	8
1902-1903	...	651	429	219	2	1	332	325	19	51	11	12
1903-1904	...	813	596	205	3	9	394	405	21	78	11	9
1904-1905	...	655	475	174	2	4	339	307	20	62	8	11
1905-1906	...	415	248	156	4	7	198	214	8	36	10	9
1906-1907	...	441	352	79	3	7	221	215	15	29	11	6
1907-1908	...	434	270	161	3	—	243	155	14	40	7	8

Financial Return of the Victoria Jubilee Lying-in-Hospital for the five years ended 31st March 1904, 1905, 1906, 1907, 1908.

Year.	Average daily No. of beds occupied.	Gross Expenditure.	Receipts.	Net expenditure after deducting Receipts.	No of patients admitted.	Average annual cost per occupied bed calculated on the gross expenditure	Cost of maintenance alone per occupied bed per diem.	Daily cost per occupied bed calculated on the gross expenditure.	Average annual cost per occupied bed calculated on the net expenditure.	Average daily cost per occupied bed calculated on the net expenditure.
		£ s. d.	£ s. d.	£ s. d.		£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
1903-4	... 24	1,260 3 10	216 14 0	1,043 9 10	813	52 10 1½	0 0 11½	0 2 10½	43 9 6½	0 2 4½
1904-5	... 20	1,303 15 5	269 9 6	1,034 5 11	655	65 3 9	0 1 2	0 3 7	51 14 3½	0 2 10
1905-6	... 13	1,189 6 4	249 8 3	939 18 1	415	91 9 8½	0 1 7¾	0 5 0	72 6 0	0 3 11½
1906-7	... 14	1,075 3 3	278 5 0	796 18 3	441	76 15 11½	0 1 3½	0 4 2½	56 18 5½	0 3 1½
1907-8	... 13	1,199 3 3	264 4 9	934 18 6	434	92 4 10½	0 1 8	0 5 0½	71 18 4	0 3 11½

LEPERS' HOME.

Report on the Lepers' Home for the year ended 31st March, 1908.

Leper's Home, Spanish Town, May 5th, 1908.

SIR,

I have the honour to submit for your information, the Annual Report on the Leper's Home for the year ended March 31st, 1908

Dr. W. D. Neish, the Medical attendant, having obtained well earned leave of absence, I was appointed to act for him, I took charge of the home on the 10th of March, 1908.

1. *Staff and accommodation*—Mr. E. A. Levy, the Superintendent and Dispenser returned to duty on the expiration of his leave on the 26th June, 1907.

I regret having lost the services of nurse Lucy Lee (the Infirmary Nurse). She was compelled on account of failing health to resign her appointment after twelve years service.

It affords me pleasure to report that the staff have performed their duties satisfactorily. The accommodation for the patients is ample.

2. *Condition of buildings and ground*—Good. Small minor repairs needed.

The storage tank has been made mosquito proof. Two wards resingled and exterior painted by the Public Works Department. The inmates continue to keep the grounds clean and do other work in the Institution.

3. Sanitary arrangements are good.

4. *Water supply*—The pressure is very poor; sufficient is obtained for bathing purposes. Dietary seems sufficient.

The farm attached to the home is of very great value in supplying potatoes, peas and other vegetables. The inmates are paid in cash for the produce of the farm.

5. Accommodation for patients, ample.

6. Prevalent diseases treated. Table No. 9 gives the chief intercurrent diseases treated during the year.

7. Statistics attached. Mortality rate for the year 11.2 per 100 patients treated.

8. The greatest number under treatment on April 17th, 1907	...	114
Least number under treatment on March 16th, 1908	...	104
The daily average being	...	109

Papers and magazines have as usual been kindly presented for the use of the inmates from several ladies and gentlemen: Miss McGlashan, Canon Austin and Father Bridges continue their good work of attending to the spiritual needs of the inmates.

I have, etc.,

A. C. LOPEZ,

Actg. Medical Attendant.

The Superintending Medical Officer, Kingston.

TABLE No. I.—General statistics for 1907-1908.

	Males.	Females.	Total.	Remarks.
Remaining in Asylum 31.3.'77	56	57	113	
Admitted 190719-1908	10	2	12	
Discharged	1	...	1	By order of Governor. Was not a leper.
Absconded	4	1	5	
Died	6	8	14	
Remaining in Asylum 31.3.'08	55	50	105	

Table No. II—Comparative statistics from 1st October, 1878, to 31st March, 1908.

Year.	Admissions.		Discharges.		Deaths.		Remaining at end of year.		Death rate per 100.	Re-admissions of Lepers.
	Lepers.	Non-Lepers.	Lepers.	Non-Lepers.	Lepers.	Non-Lepers.	Lepers.	Non-Lepers.		
1878-79	26	39	2	40	10	3	40	31	10'31	...
1879-80	26	43	8	31	7	...	51	33	5'	...
1880-81	39	101	16	72	11	4	63	58	6'69	...
1881-82	38	115	23	107	13	5	65	61	6'56	...
1882-83	40	85	22	96	8	3	75	47	4'38	...
1883-84	30	71	26	63	9	3	70	52	5'38	...
1884-85	33	87	18	80	14	...	71	59	5'78	...
1885-86	39	131	17	114	16	2	77	74	6'	...
1886-87	25	141	17	130	16	6	69	79	6'94	...
1887-88	32	8	...	19	23	8	78	60	16'48	...
1888-89	31	93	4	98	11	6	94	49	6'48	...
Oct., '89 to March '90	9	22	6	35	12	2	82	37	8'04	...
1890-91	34	67	15	88	15	2	86	14	7'74	...
1891-92	38	2	8	9	15	2	106	5	12'16	...
1892-93	26	1	16	4	1	...	100	2	8'27	...
1893-94	23	2	24	3	20	...	79	1	15'74	7
1894-95	26	1	12	...	18	...	75	2	16'82	14
1895-96	37	2	8	4	10	...	94	...	8'62	10
1896-97	40	2	11	2	16	1	106	...	12'5	9
1897-98	38	1	3	2	13	...	127	...	8'96	3
1898-99	20	2	8	3	20	...	118	...	13'6	5
1899-1900	27	3	3	2	20	...	122	1	13'5	6
1900-01	19	3	6	2	15	...	120	2	10'3	1
1901-02	9	1	4	...	14	2	110	2	11'4	2
1902-03	19	...	2	2	17	...	108	2	13'	3
1903-04	33	3	5	3	20	...	117	1	13'7	1
1904-05	25	...	5	...	23	...	114	1	16'1	2
1905-06	19	...	3	...	14	...	115	1	10'4	3
1906-07	14	...	1	...	15	...	113	1	11'62	1
1907-08	12	...	5	1	14	...	105	...	11'2	...

TABLE No. III.—Return of admissions for 1907-08.

No.	Names.	Age.		Form of Leprosy.	Years afflicted	If re-admitted.	Country	Late Residence.	Date of Admission.
		M.	F.						
1	D. 173	35	...	T.	2	No.	Jamaica.	St. Catherine	16th Apr., '07
2	" 174	18	...	A.	1½	"	"	Trelawny	8th June, '07
3	" 175	30	...	?	3	"	"	Manchester	25th July, '07
4	" 176	...	45	A.	2	"	"	do.	13th Aug., '07
5	" 177	35	...	A.	12	"	"	St. Andrew	4th Oct., '07
6	" 178	40	...	A.	11	"	"	do.	4th Oct., '07
7	" 179	48	...	T.	1	"	"	St. Catherine	14th Oct., '07
8	" 180	...	28	T.	2	"	"	Westmr'land	7th Nov., '07
9	" 181	22	...	A.	8	"	"	Trelawny	18th Nov., '07
10	" 182	52	...	T.	1	"	"	Clarendon	5th Feb., '08
11	" 183	40	...	T.	8	"	"	Kingston	17th Mch., '08
12	" 184	26	...	A.	2	"	"	Manchester	19th Mch., '08

TABLE IV.—Birth-places of admitted, 1907-08.

Birth Place.		Male.	Female	Total.
Manchester	...	2	1	3
Trelawny	...	2	...	2
St. Catherine	...	2	...	2
St. Andrew	...	2	...	2
Westmoreland	...	...	1	1
Kingston	...	1	...	1
Clarendon	...	1	...	1
		10	2	12

Table No. V—Return of discharges for 1907-1908.

No.	Names.	Country.	Age		Date of Admission	Date of Discharge.	Total Years Afflicted.	Form of Leprosy.	Reason for Discharge.
			M.	F.					
1	D 160	Jamaica	20	...	15th May, 1906	24 June, 1907	...	not a leper	By order of Gov.
2	D 6	"	31	...	19.1.1898	20 Sept., 1907	13	A	Absconded
3	D 84	"	...	26	11.2.1903	20 Sept., 1907	8	T	do.
4	D 173	"	39	...	6.4.1907	2 Oct., 1907	4	T	do.
5	D 171	"	70	...	12.3.07	31 March, 1908	4	A	do.
6	D 147	"	30	...	12.5.'05	31 March, 1908	5	A	do.

Table No. VI—Birth-place of discharged, 1907-8.

Birth-place.	Male.	Female.	Total	Remarks.
St. Catherine	2	...	2	
St. Elizabeth	1	...	1	
St. James	1	...	1	
St. Thomas	1	...	1	Morant Bay
Kingston	...	1	1	
	5	1	6	

Table No. VII.—Return of deaths, 1907-1908.

No.	Names.	Country.	Age		Date of Admission	Date of Death.	Form of Leprosy.	Total Years Afflicted.	Cause of Death.	Remarks.
			M.	F.						
1	C 144	Jamaica	...	59	10.2.'98	30.4.'07	A.	50	Exhaustion	
2	C 97	"	47	...	27.1.'97	4.5.'07	A.	17¼	Nephritis	
3	C 139	"	...	60	4.12.'97	19.5.'07	A.	12½	Exhaustion	
4	D 72	"	30	...	16.7.'02	29.5.'07	T.	6	Phthisis	
5	C 4	"	72	...	23.4.'95	31.5.'07	A.	31	Exhaustion	
6	D 119	"	...	14	24.3.'04	28.7.'07	T.	8½	Chronic Diarrhæa	
7	C 142	"	27	...	25.1.'98	3.12.'07	T.	12	" "	
8	D 112	"	...	12	13.1.'04	25.12.'07	T.	12	" "	
9	D 79	"	...	17	16.10.'02	2.1.'08	T.	6	" "	
10	C 6	"	...	72	4.6.'95	4.1.'08	A.	12	" "	
11	D 153	"	32	...	11.7.'05	8.1.'08	T.	4½	Exhaustion	
12	D 99	"	38	...	7.9.'03	27.1.'08	T.	5½	Chronic Nephritis	
13	D 95	"	...	17	23.7.'03	23.2.'08	T.	11½	Chronic Diarrhœa	
14	D 180	"	...	28	7.1.'07	11.3.'08	T.	2⅓	" "	

Average longevity of the disease in those who died:—

Anæsthetic	...	Males	24 years	2 months
"	...	Females	24 years	10 months
Tubercular	...	Males	6 years	11½ months
	...	Males	8 years	2 months

Table No. VIII--Birth-place of deceased.

Birth-place.	Male.	Female.	Total.
Clarendon	I	2	3
Manchester	I	2	3
Westmoreland	...	2	2
St. Elizabeth	I	I	2
St. Ann	...	I	I
St. James	I	...	I
Trelawny	I	...	I
Kingston	I	...	I
	6	8	14

Table No. IX--Chief inter-current diseases treated during 1907-08.

Diseases.	Form of Leprosy.						Grand Total.
	Tubercular.		Anaesthetic.		Total.		
	M.	F.	M.	F.	M.	F.	
General Diseases—							
Influenza	12	20	8	5	20	26	26
Dysentery	3	5	4	6	7	10	17
Mal. Feb. Intermittent	30	14	15	20	45	34	79
Syphilis	...	...	...	...	1	...	1
Diseases of Nervous system--							
Neuralgia	3	6	2	1	5	7	12
Hysteria	...	...	...	...	1	...	1
Idiocy	...	...	1	...	1	...	1
Dementia	...	...	2	1	2	1	3
Diseases of the eye--							
Conjunctivitis	13	8	7	6	20	14	34
Iritis	5	6	7	6	13	12	24
Diseases of the Nose--							
Ozaena	20	12	7	6	27	18	45
Rhinitis	10	6	3	2	13	8	21
Disease of Digestive system--							
Dyspepsia	60	30	50	45	110	75	185
Diarrhoea	58	45	60	38	118	83	201

LUNATIC ASYLUM.

Report on the Lunatic Asylum for the year ended 31st March, 1908.

The Hon. Superintending Medical Officer.

Sir,

I have the honour to submit the Annual Report of the Jamaica Lunatic Asylum for the 12 months ending March 31st, 1908.

The total number of insane under treatment was 1,285.

During the year 148 males and 131 females, or a total of 279 patients were admitted, 234 of whom were admitted for the first time,

The annual admissions with the total number remaining at the end of each year for the last decennium given below are instructive, if not a satisfactory evidence of the increase of lunacy in the island, they indicate an increasing confidence of the humane treatment accorded the inmates of the institution, though it is to be feared there are still some who believe asylums consist of dungeons, padded rooms and unspeakable horrors where all inmates are subjected to brutal and cruel treatment.

On admitting a Syrian for treatment his brother begged the Medical Superintendent to use clemency and "not have him kicked more than was absolutely necessary." Being informed kicking formed no part of the treatment of the insane here, he was pleased but incredulous.

The annual admissions and the number remaining at the end of each year:—

Year.	Annual admissions.	No. remaining each year.
1898-9	168	767
1899-0	189	819
1900-1	200	868
1901-2	182	863
1902-3	226	959
1903-4	206	1,000
1904-5	240	1,034
1905-6	230	1,057
1906-7	234	1,006 (earthquake)
1907-8	279	1,032

There were 119 patients discharged recovered, 6 relieved, and 1 unimproved, whilst the deaths numbered 127 or 12.2% calculated on the average number under treatment, the highest deathrate here for several years notwithstanding improved hygienic surroundings and comparative freedom from dysentery and diarrhoea, and the good health generally of the inmates. This must be attributed entirely to the large number of physical wrecks admitted, many of whom were carried to bed to die. Paralysed and bedridden inmates of the Kingston and St. Andrew Union Poorhouse were certified insane and transferred to the asylum to die. Unfortunately this tendency to send physical wrecks to the asylum instead of to a hospital or poorhouse infirmary is not confined to Jamaica, as the General Board of Commissioners in Lunacy for Scotland in the Annual Report for 1907 point out the proportion of patients who died in asylums during 1906 was considerably higher than the average of the preceding five or six years. They state there has been a pretty steady increase in the deathrate since 1890, and it is pointed out that the occurrence of this higher deathrate in spite of improved sanitary arrangements, of lessened overcrowding, and of more efficient means of treating special diseases, such as pulmonary consumption, lends support to the view that patients physically broken down are being received into the asylum in increasing numbers, a condition which also has an effect in lowering the recovery rate.

Pellagra, a nervous disorder, endemic in Italy, Egypt, South of Spain and Mexico, due, it is believed, to the consumption of damaged maize, is fairly common in our wards. Steps are taken to eradicate the disease by substituting bread, sugar and fruit for the cornmeal rations. The result is waited with interest and a definite pronouncement will be made in next year's report. Dr. C. J. Manning, the Medical Superintendent of the Lunatic Asylum, Barbados, has reported similar cases there and he is of opinion the disease is "communicable" and recommends isolation of all patients.

The buildings destroyed by the earthquake on the female side of the house have been restored by the Public Works Department.

Some alterations were sanctioned by His Excellency the Governor, whereby contributing patients could be accommodated and treated apart from the other inmates; this consideration on the part of the Government will I am convinced be gratefully acknowledged by many who have experienced the inconvenience, trouble and expense of having their relatives sent abroad

for treatment owing to the lack of proper accommodation here. The buildings of the male division of the house are in course of restoration and will it is to be hoped be completed during the forthcoming year.

The seabath destroyed by the hurricane of August, 1903, was also restored, and all the inmates with the exception of the feeble, epileptic and suicidal patients enabled to resume the tri-weekly seabathing. All the wooden bedsteads are taken once a month to the sea-bath and saturated with salt water, this has proved the most effective measure to keep them absolutely clean and free from vermin.

During the year an attempt was made to grow sweet potatoes on the asylum grounds, but owing to the drought, lack of water, and praedial thieves, it proved a failure. Divi-divi proved more remunerative crop than any other on our grounds, whilst picking it forms a healthful form of recreation for the inmates. Our plantation is gradually extending and seven hundred young plants were recently added.

The total rainfall for the year was 22.31 inches, 5.29 inches only falling in the last six months.

The Rev. J. L. Ramson, M.A., was appointed member of the Board of Visitors and also chaplain in lieu of the Rev. Canon Kilburn resigned. I have pleasure in recording the valuable services rendered by the Canon both as member of the Board and chaplain to the institution; his kind and cheerful countenance and disposition endeared him to all the inmates and employees of the asylum.

The wards were visited during the year by His Excellency the Governor and Lady Olivier, Sir John Batty Tuke, the Hon. H. Clarence Bourne, the Colonial Secretary, the Hon. J. Errington Ker and members of the Board of Visitors.

My thanks are due to many friends, especially the Revs. J. L. Ramson and William Graham for providing entertainments for the amusement of the inmates. I have also to thank the Secretaries of the Jamaica Institute, Jamaica Club, St. Andrew Club and others for periodicals and illustrated papers for the wards.

I have also to acknowledge the assistance rendered me by my colleagues, Drs. Shackleton and Neish in preparing the annual tables for this report and the Blue Book.

Dr. Shackleton obtained leave of absence from July 4th, 1907 to February 8th, 1908, the duties of his office being performed by Dr. Totesau.

Mr. Preston, the chief attendant, obtained three months leave of absence.

The sum voted for the maintenance of the asylum was £17,803 19s. 4d., whilst the total cost of the institution for the year was £17,078 8s. 3d., the maintenance rate being 10.71 per head per day.

I have, etc.,

D. J. WILLIAMS,
Medical Superintendent.
June 10th, 1908.

TABLE I.—Shewing the actual admissions, re-admissions, discharges and deaths during the year ended 31st March, 1908.

		Males.	Females	Total.	Males.	Females	Total.
In Asylum 1st April, 1907	...	...	...	...	504	502	1,006
Cases admitted—							
First admissions	...	119	115	234			
Not first admissions	...	29	16	45			
Total cases admitted during the year	...	...	...	...	148	131	279
Total cases under care during the year	...	...	...	...	652	633	1,285
Cases discharged—							
Recovered	...	58	61	119			
Relieved	...	3	3	6			
Not improved	...	...	1	1			
Died	...	72	55	127			
Total discharged and died during the year	...	...	...	...	133	120	253
Remaining in Asylum 31st March, 1908	...	...	...	...	519	513	1,032
Average number resident during the year	...			...	520	513	1,033
Persons under care during the year (<i>i.e.</i> separate persons in contra- distinction to cases which may include the same individual more than once)	...			...	645	631	1,276
Persons admitted do.		do.		...	147	131	278
Persons recovered do.		do.		...	58	61	119

TABLE IA.—Shewing the number of previous attacks among those admitted during the year 1907-1908, distinguishing those attacks that have been treated to recovery and discharge.

Number of previous attacks.		Having had previous attacks.					
		All attacks.			Attacks followed by discharge or recovery.		
		Males.	Females	Total.	Males.	Females	Total.
Have had 1 previous attack	...	31	23	54	17	6	23
Have had 2 „ attacks	...	7	6	13	6	...	6
Have had 3 „ „	...	5	1	6	2	...	2
Have had 4 „ „	...	1	...	1	1	...	1
Have had 5 „ „	...	...	...	...	...	...	...
Have had more than 5 attacks	...	2	...	2	1	...	1
		46	30	76	27	6	33

TABLE II.—Shewing the admissions, re-admissions, discharges and deaths for the past eleven years ended 31st March, 1908.

		Males.	Females	Total.	Males.	Females	Total.
Remaining on 31st March, 1897	...	...	...	...	345	377	722
Admitted during the last eleven years	...	1,006	940	1,946	...	...	...
Re-admissions	...	228	184	412	...	...	...
Total number of admissions	...	...	...	...	1,234	1,124	2,358
Total number under care	...	...	...	...	1,579	1,501	3,080
Discharged cases—							
Recovered	...	558	496	1,054	...	...	...
Relieved	...	24	14	38	...	...	...
Not improved (including 4 males escaped in 1906-1907 and not captured during the year)	...	19	6	25	...	...	...
Died	...	459	472	931	...	...	...
Total discharged and died	...	...	...	...	1,060	988	2,048
Remaining 31st March, 1908	...	...	...	...	519	513	1,031
Average yearly number resident	...	...	...	...	460	455	915

TABLE III—Showing the Admissions, Discharges, and Deaths, with the mean Annual Mortality, and the proportion of Recoveries per cent. of the Admissions for each of the last eleven years.

Year.	Admitted.			Discharged.						Died.			Remained 31st March in each year.			Average Number Resident.			Percentage of Recoveries on Admissions.			Percentage of Deaths on Average number Resident.					
				Recovered.			Relieved.																		Not Improved.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.			
1897-98	109	95	204	34	34	68	...	...	...	2	...	2	25	44	69	393	394	787	377	382	759	31.19	36.84	34.01	6.63	11.16	8.89
1898-99	88	80	168	66	53	119	...	...	...	2	2	4	32	31	63	381	386	767	386	388	774	75	66.25	70.62	8.29	7.98	8.13
1899-1900	96	93	189	34	32	66	1	...	1	2	2	4	38	30	68	402	417	819	390	399	789	35.41	34.40	34.90	9.74	7.52	8.63
1900-01	104	96	200	48	42	90	2	...	2	...	...	...	32	27	59	424	444	868	414	430	844	46.15	43.75	44.95	7.72	6.27	6.99
1901-02	99	83	182	55	48	103	3	1	4	2	...	2	40	38	78	423	440	863	423	439	862	55.55	57.83	56.69	9.45	8.65	9.05
1902-03	118	108	226	41	35	76	...	...	...	...	...	...	25	29	54	475	484	959	456	459	915	34.74	32.40	33.57	5.48	6.31	5.89
1903-04	105	101	206	34	33	67	...	...	...	3	...	3	38	57	95	505	495	1,000	492	480	972	32.38	32.67	32.52	7.72	11.87	9.79
1904-05	124	116	240	53	37	90	...	1	1	3	1	4	37	74	111	536	498	1,034	520	502	1,022	42.74	31.89	37.31	7.11	14.74	10.92
1905-06	134	96	230	52	53	105	11	4	15	1	...	1	44	42	86	562	495	1,057	545	503	1,048	38.80	55.20	47	8.07	8.34	8.20
1906-07	109	125	234	83	63	151	8	5	13	...	..	...	76	45	121	504	502	1,006	543	505	1,048	76.14	54.40	55.27	13.99	8.91	11.45
1907-08	148	131	279	58	61	119	3	3	6	...	1	1	72	55	127	519	513	1,032	520	513	1,033	39.18	46.56	42.87	13.84	10.72	12.28
Totals	1,234	1,124	2,358	558	496	1,054	28	14	42	15	6	21	459	472	931	5,124	5,068	10,192	5,066	5,000	10,066	507.28	492.19	499.73	98.04	102.47	100.25
Average for 11 years	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...	465.8	460.7	92.65	460.5	454.5	915.4	46.11	44.74	45.43	8.91	9.31	9.11

TABLE IV.—Shewing the history of the annual admissions *for the past eleven years* with the Discharges and Deaths, and the numbers of each year remaining on 31st March, 1908.

Year.	Admitted.				Of each year's admissions, discharged and died in the year.								Total discharged and died of each year's admissions to 31st March, 1908.								Remaining of each year's Admissions 31st Mar. '08.			Year.							
	New Cases.		Re-admissions.		Recovered.		Relieved.		Not improved.		Died.		Recovered.		Relieved.		Not improved.		Died.												
	M.	F.	M.	F.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.		F.	T.					
1897-98	91	82	18	13	204	.	.	.	.	.	.	2	1	3	52	48	100	1	.	1	.	.	.	34	31	65	22	16	38	1897-98
1898-99	80	69	8	11	168	.	.	.	.	.	.	1	1	2	41	33	74	1	3	4	2	2	4	27	21	48	17	32	49	1898-99
1899-1900	86	79	10	14	189	.	.	.	.	.	.	3	1	4	41	44	85	1	1	2	.	.	.	36	22	58	18	33	51	1899-1900
1900-01	88	87	16	9	200	.	.	.	.	.	.	1	.	1	43	39	82	2	3	5	.	.	.	30	33	63	29	22	51	1900-01
1901-02	82	76	17	7	182	.	.	.	.	.	.	1	1	2	37	30	67	.	1	1	4	.	4	41	27	68	17	31	48	1901-02
1902-03	104	98	14	10	226	.	1	1	.	.	.	7	3	10	48	37	85	1	.	1	1	.	1	34	31	65	34	40	74	1902-03	
1903-04	76	70	29	31	206	.	.	.	1	1	.	1	6	7	49	39	88	1	1	2	4	1	5	21	33	54	30	27	57	1903-04	
1904-05	103	106	21	10	240	.	.	.	.	.	.	5	7	12	58	40	98	.	1	1	1	.	1	31	32	63	34	43	77	1904-05
1905-06	100	65	34	31	230	11	2	13	.	1	1	9	3	12	53	50	103	3	3	6	2	.	2	39	16	55	37	27	64	1905-06	
1906-07	77	93	32	32	234	22	27	49	.	1	1	10	8	18	45	56	101	2	4	6	2	.	2	25	20	45	35	45	80	1906-07	
1907-08	119	115	29	16	279	25	31	56	2	.	2	1	19	35	25	31	56	2	.	2	1	1	1	19	16	35	102	83	185	1907-08	
	1,006	940	228	184	2,358	58	61	119	2	3	5	1	59	47	106	492	447	939	14	17	31	16	4	20	337	282	619	375	399	774	

Summary of total admissions.				Males.		Females.		Both sexes.	
Percentage of cases recovered				39.87	39.76	39.81			
Do.	relieved	...	...	1.13	1.51	1.32			
Do	not improved	...	...	1.29	.35	.82			
Do.	died	...	...	27.30	25.08	26.19			
Do.	remaining	...	...	30.41	33.30	31.86			
				100	100	100			

TABLE X.—Shewing the probable causes of Insanity in the Patients admitted during the year ended 31st March, 1908.

Causes of Insanity.	Number of instances in which each cause was assigned.												
	Number of cases. Admissions—Males 148, Females, 131, Total 279.												
	As pre-disposing cause.			As exciting cause.			As pre-disposing or exciting where these could not be distinguished			Total.			
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	
Moral—													
Domestic trouble (including loss of relatives and friends)	4	4	...	...	...	...	4	4	
Adverse circumstances (including business anxieties and pecuniary difficulties)	2	2	...	...	...	...	2	2	
Mental anxiety and worry (not included under above two heads) and overwork	2	...	2	...	...	...	...	...	...	2	...	2	
Religious excitement	4	4	...	...	...	...	4	4	
Love affairs (including seduction)	2	2	...	...	...	...	2	2	
Fright and nervous shock	
Grief	
Earthquake shock	2	2	...	...	...	...	2	2	
Physical—													
Intemperance in drink	...	3	...	3	...	...	...	1	...	1	4	...	4
Sexual intemperance
Venereal disease	...	1	...	1	...	...	...	...	...	...	1	...	1
Self-abuse (sexual)
Over-exertion	1	...	1	...	...	...	1	...	1
Sunstroke
Accident or injury	...	10	...	10	1	...	1	5	...	5	16	...	16
Puberty	...	8	...	8	...	...	...	...	...	...	8	...	8
Fevers	...	2	...	2	...	3	3	...	...	...	2	3	5
Privation and starvation	...	2	...	2	...	...	...	...	...	...	2	...	2
Senility
Other bodily disease	...	10	...	10	2	...	2	...	...	...	12	...	12
Previous attacks	...	50	27	77	...	...	...	...	...	...	50	27	77
Hereditary influence	...	50	40	90	...	...	...	...	...	...	50	40	90
Congenital defect ascertained	...	10	...	10	...	...	...	...	...	...	10	...	10
Adolescence	...	2	13	15	...	...	...	...	...	...	2	13	15
Epilepsy	3	8	11	...	...	...	3	8	11
Puerperal Fever	7	7	...	...	...	...	7	7	...
Tubercular disease	1	1	2	...	...	...	1	1	2
Ganjah smoking	...	4	...	4	...	...	...	...	...	...	4	...	4
Climatereal	1	1	...	...	...	...	...	...	...	1	1
Not known	34	41	75	...	...	...	34	41	75
Other ascertained causes	...	1	...	1	...	...	...	...	...	...	1	...	1

* With reference to the distinction between "predisposing" and "exciting" causes, it must be understood that no single cause is enumerated as both predisposing and exciting in the case of any individual patient.

† The figures in the Total column represent the entire number of instances in which the several causes (either alone or in combination with others) were stated to have produced the mental disorder. The excess on the aggregate of such causes over the number of patients admitted is owing to combinations of causes.

TABLE XI.—Shewing the form of mental disorder in the Admissions, Recoveries, and Deaths during the year and the form of mental disorder of the Inmates on 31st March, 1908.

Form of Mental Disorder.	Admissions.			Recoveries.			Deaths.			Remaining in Asylum.			
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	
Congential or Infantile Mental deficiency													
(a) with Epilepsy	...	6	6	12	...	...	...	7	3	10	42	33	75
(b) without Epilepsy	...	8	1	9	...	...	...	2	...	2	24	4	28
Epilepsy--Acquired	...	4	3	7	...	1	1	2	...	2	9	3	12
General Paralysis of the Insane	...	2	...	2	...	...	...	1	...	1	1	...	1
Mania--													
“ Acute	...	80	93	173	52	38	90	12	22	34	87	98	185
“ Chronic	...	23	10	33	...	5	5	43	23	66	321	189	510
“ Recurrent	...	9	7	16	3	10	13	...	1	1	13	75	88
“ a Potu	...	2	7	2	1	...	1	...	...	...	2	...	2
“ Puerperal	...	...	...	7	...	5	5	...	...	...	...	2	2
“ Senile	...	11	2	13	...	...	...	5	...	5	11	2	13
Melancholia--													
“ Acute	...	1	2	3	1	1	2	...	...	...	2	3	5
“ Chronic	...	...	...	...	...	...	...	...	...	...	...	2	2
“ Recurrent	...	...	...	...	...	...	...	...	...	...	...	...	...
“ Puerperal	...	...	...	...	...	...	...	...	...	...	...	...	...
“ Senile	...	...	...	...	1	1	2	...	...	...	...	...	...
Dementia--													
“ Primary	...	...	...	...	...	...	...	...	3	3	...	8	8
“ Secondary	...	2	...	2	...	...	...	...	3	3	7	94	101
“ Senile	...	...	...	...	...	...	...	...	...	...	...	...	...
“ Organic (<i>i.e.</i> from tumours, coarse brain lesions, etc.)	...	...	...	...	...	...	...	...	...	...	...	...	...
	148	131	279	58	61	119	72	55	127	519	513	1032	

TABLE XII.—Shewing the previous occupations of Patients admitted during the year 1907-1908.

<i>Males.</i>			
Occupation.	No.	Occupation.	No.
Boatman	1	Planters	4
School-boy	1	Peddlers	2
Bakers	3	Shopkeepers	4
Accountant	1	Schoolmasters	2
Carpenters	3	Ex-Soldiers	2
Clerks	2	Shoemakers	3
Grooms	2	Goldsmith	1
Cooper	1	Militiaman	1
Cultivators	4	Tailors	5
Compositor	1	Foreman Carpenter	1
Bailiff	1	Tinsmith	1
Drayman	1	Unknown	7
Barber	1		
Fishermen	2	Total	148
Reporter	1		
Labourers	84		
Masons	3		
Blacksmiths	2		
Stenographer	1		
<i>Females.</i>			
Occupation.	No.	Occupation.	No.
Attending School	4	Office Women	2
Baker	1	Cultivator	1
Cook	1	Seamstresses	4
Domestic Servants	12	Milliner	1
Dressmakers	11	Washerwomen	9
Gentlewomen	3	Unknown	9
Schoolmistress	1		
Higglers	6	Total	131
Housekeeper	1		
Labourers	65		

TABLE XIII.—Shewing the physical condition of patients admitted in 1907-1908.

	Males.	Females.	Total.
In good bodily health and condition	31	40	71
In fair bodily health and condition	53	47	100
In poor, feeble, very feeble, bad and exhausted condition	60	44	104
Impaired	...	...	3
Blind	...	...	1
Total	148	131	279

TABLE NO. XV.—Parochial Maintenance Account Law 30 of 1873.

	No. of Patients 1907-08.			Amount for 1907-08.	No. of Patients. 1906-07.			Amount for 1906-07.
	Males.	Females.	Total.		Males.	Females.	Total.	
				£ s. d.				£ s. d.
Kingston	90	117	207	2,750 14 7 $\frac{1}{4}$	96	103	199	2,474 6 9
St. Andrew	34	46	80	1,031 1 1	38	38	76	923 16 9 $\frac{1}{2}$
St. Thomas	20	29	49	643 14 1 $\frac{1}{2}$	15	26	41	530 2 11 $\frac{1}{2}$
Portland	27	20	47	621 14 2 $\frac{3}{4}$	27	18	45	600 9 4 $\frac{1}{2}$
St. Mary	36	27	63	912 13 3 $\frac{3}{4}$	33	27	60	793 9 4 $\frac{1}{2}$
St. Ann	36	38	74	1,021 5 0 $\frac{1}{4}$	42	42	84	1,081 17 2
Trelawny	7	25	32	464 17 8 $\frac{1}{4}$	9	24	33	436 6 3 $\frac{1}{2}$
St. James	27	30	57	837 9 10 $\frac{3}{4}$	26	27	53	737 13 7
Hanover	18	16	34	473 17 10 $\frac{1}{4}$	12	20	32	418 14 2
Westmoreland	35	38	73	1,041 0 3	42	48	90	1,091 14 1 $\frac{1}{2}$
St. Elizabeth	45	39	84	989 1 9 $\frac{1}{4}$	43	36	79	969 10 7
Manchester	49	32	81	929 18 9 $\frac{1}{2}$	55	23	78	874 4 5 $\frac{1}{2}$
Clarendon	63	53	116	1,495 19 9 $\frac{3}{4}$	52	54	106	1,296 16 8
St. Catherine	89	70	159	2,074 15 1	87	77	164	2,001 16 0 $\frac{1}{2}$
Port Royal	1	—	1	16 7 10 $\frac{1}{4}$	1	—	1	15 4 3
	577	580	1,157	15,304 11 4 $\frac{1}{2}$	578	563	1,141	14,246 2 7

TABLE No XVII.—Shewing the Total Number of Patients under treatment from 1879-80 to 1907-1908; the Total Cost; the Re-imbursements-in-Aid of Expenses incurred by the Government; the sources from which they are derived; and the Cost of Lunatic Asylum to General Revenue.

Years.	Total Number of Patients under Treat- ment.	Total Cost.		RE-IMBURSEMENTS-IN-AID.				Net Cost of the Lunatic Asylum to General Revenue.	
		Total Cost.		Contributing Patients, &c.	Immigration Department.	Parochial Poor Rate.	Total Re-imburse- ments-in-Aid.		
		£	s. d.	£	s. d.	£	s. d.	£	s. d.
1879-80	482	7,077	0 10½	168	7 8	4,180	7 1	2,728	6 1½
1880-81	490	7,251	9 2	191	7 2	4,195	15 5	2,864	6 7
1881-82	445	6,846	13 2½	134	16 1	4,256	1 3	2,455	15 10½
1882-83	512	7,061	16 9½	189	14 5	4,643	8 8	2,228	13 8½
1883-84	505	6,935	14 2½	208	6 2	5,203	10 11	1,523	17 1½
1884-85	513	6,871	12 6	252	13 2	4,879	16 0	1,739	3 4
1885-86	531	7,027	7 3	376	6 9	4,677	15 5	1,973	5 1
1886-87	530	7,067	10 4½	415	15 7	4,971	6 3	1,680	8 6½
1887-88	541	7,710	5 6	365	4 7	5,587	15 9	1,757	5 2
1888-89	584	8,781	14 0	391	0 6	6,677	13 2	1,713	0 4
1889-90	541	4,755	14 0	151	13 5	3,796	11 11	807	8 8
1890-91	648	10,093	10 7½	301	10 0	8,208	4 11	1,583	15 8½
1891-92	704	11,578	17 2½	471	6 10	9,276	3 2¾	1,831	7 1¾
1892-93	702	11,453	1 3¾	532	6 0	9,369	19 4	1,550	15 11¾
1893-94	729	11,280	18 1	492	16 4	9,197	13 9	1,590	8 0
1894-95	741	11,648	15 6½	384	2 8	9,457	16 2½	1,806	16 8
1895-96	795	11,867	3 1¾	418	13 6	9,941	19 0	1,506	10 7¾
1896-97	851	12,901	18 4¼	458	15 2	10,932	11 0	1,510	12 2¼
1897-98	926	14,061	12 9	532	19 8	11,772	1 4	1,756	11 9
1898-99	953	13,651	4 1	359	10 8	11,767	0 9	1,524	12 8
1899-1900	956	13,559	10 1	454	9 1	11,514	19 3	1,590	1 9
1900-1901	1,019	14,445	3 2½	525	8 5	12,333	1 8½	1,586	13 1
1901-1902	1,050	14,759	17 8	547	3 10½	12,468	15 9¼	1,743	18 0¼
1902-1903	1,089	15,029	0 6	517	18 1½	13,101	14 3½	1,409	8 1
1903-1904	1,165	16,017	7 10	406	6 2	13,926	12 3½	1,674	9 4½
1904-1905	1,240	16,007	2 0	449	9 2	13,843	10 0¾	1,713	6 0¼
1905-1906	1,264	16,852	9 7½	631	19 11½	14,396	14 5	1,823	15 3
1906-1907	1,308	16,298	17 10	654	4 3½	14,246	2 7	1,398	10 11
1907-1908	1,285	17,078	8 3	474	1 3	15,304	11 4½	1,299	15 7½
...	...	332,976	4 10¾	11,617	19 6	267,787	11 1¼	53,559	17 6

TABLE No. XVIII.—A Return shewing the General Financial and other Operations of the Lunatic Asylum from the Year 1872-73 to the Year 1907-1908.

Year.	Daily Average Number.	Salaries and Religious Services.	Wages.	Provisions.	Necessaries.	Clothing, Furniture and Bedding.
		£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
1872-73	260.44	1,368 16 2	688 10 8	2,400 5 7½	114 19 9½	296 15 7
1873-74	289.86	1,441 2 9	791 1 5¾	2,798 17 3¾	136 11 10½	346 15 6½
1874-75	324.43	1,412 2 10	879 15 7½	3,037 14 1½	139 5 0	487 0 10
1875-76	324.21	1,553 13 10	923 4 10½	2,910 11 7½	116 13 8¾	387 12 3
1876-77	342.52	1,660 4 11	868 8 2	2,832 18 11	134 15 11½	347 12 11½
1877-78	361.57	1,705 3 10	851 7 0½	2,959 18 10	161 10 6	379 8 6½
1878-79	364.06	1,853 6 4	865 8 10½	3,167 9 11½	224 0 10	333 12 2
1879-80	381.25	1,782 18 2	888 11 2	3,161 17 4	176 4 2	328 10 9½
1880-81	368.48	1,771 16 6	884 1 3	3,272 19 3½	218 3 2	289 10 3
1881-82	358.67	1,784 8 0	861 12 11	2,963 9 9	231 5 4	303 14 5
1882-83	364.06	1,829 3 8	922 2 5	3,152 13 8½	220 19 7	322 0 6½
1883-84	396.05	1,708 12 10	932 15 5½	3,203 7 0	174 4 7	372 11 9½
1884-85	399.98	1,792 10 10	936 2 3½	3,079 11 8	166 7 0	387 4 4
1885-86	382.09	1,843 11 0	923 0 0	3,150 1 10½	176 4 4	345 9 6
1886-87	407.58	1,556 16 7	933 13 2	3,416 13 5	216 19 8	421 12 3
1887-88	398.00	1,533 14 7	994 18 7	3,741 6 1½	270 19 10	408 6 3
1888-89	438.24	1,783 9 9	1,161 7 10	4,280 19 5	358 0 0	438 3 2
1889-90 (6 mos.)	465.17	943 10 10	579 11 11	2,351 14 0	190 8 7	209 9 6
1890-91	496.16	1,918 8 6	1,268 15 0	5,102 14 2	403 6 6	433 4 11½
1891-92	543.93	1,934 9 8	1,462 14 6½	6,035 16 4	424 12 8½	685 7 9
1892-93	558.57	1,969 0 0	1,461 6 9½	5,421 17 7¼	514 18 2	691 17 8½
1893-94	571.98	2,239 1 4	1,509 19 3	5,299 17 4½	494 0 1	599 5 11½
1894-95	592.72	2,394 17 3	2,259 5 2	4,565 11 10½	529 13 7	667 8 10½
1895-96	636.78	2,357 1 0	2,328 16 7	4,772 11 10¼	499 1 6	625 2 5
1896-97	694.15	2,519 17 9	2,410 18 3	5,336 10 2	545 9 2¾	803 18 8½
1897-98	759.70	2,554 1 11	2,838 16 10	5,470 9 11	615 17 4¼	993 2 4½
1898-99	774.96	2,586 1 2	3,175 7 6	5,342 10 9¾	529 7 0¾	924 14 4½
1899-1900	789.03	2,441 4 10	3,202 3 5	5,367 9 11	581 0 11	977 9 3½
1900-1901	844.32	2,564 0 11	3,198 9 11	5,807 12 5½	781 1 0½	992 2 6½
1901-1902	862.68	2,438 8 6	3,266 7 4	6,007 9 7½	799 8 4½	1,197 6 1¼
1902-1903	915.42	2,486 19 2	3,367 2 11	6,113 5 10¼	799 5 2	1,099 16 1¾
1903-1904	972.20	2,391 1 10	3,419 12 9	6,880 5 2¾	884 2 7	1,408 11 11
1904-1905	1022.26	2,142 4 10	3,470 1 11	7,618 9 3	882 7 4	1,069 3 9
1905-1906	1048.56	2,114 14 6	3,543 15 6	8,342 0 8½	979 19 10½	797 11 10
1906-1907	1048.74	2,230 17 7	3,672 11 10	7,545 11 0	994 15 4½	1,023 19 0
1907-1908	1033.61	2,302 16 7	3,784 15 8	8,084 9 1	305 12 9	1,525 9 7

Year.	Wine, Spirits, and Beer.	Surgery and Dispensary.	Funeral Expenses.	Tenants' Repairs.	Farm and Garden.	Miscellaneous & Telephones.
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
1872-73	65 15 10½	51 13 0¾	31 1 3	83 19 11½	233 18 11½	80 0 8
1873-74	44 11 5	65 6 0¼	28 18 3	108 14 7	228 3 7¼	90 17 10
1874-75	90 0 3½	85 19 1½	32 18 6	136 16 7	265 0 6	99 5 7
1875-76	74 6 6	124 6 11	44 7 0	135 13 9	297 14 2½	99 10 5½
1876-77	59 12 6	65 10 6½	36 19 4½	129 13 11½	251 18 2	68 3 4
1877-78	34 2 9	99 9 7½	41 9 9½	134 15 6½	195 3 1½	192 16 6½
1878-79	30 5 9	49 4 7	38 10 1	104 4 8	151 6 4	175 18 10
1879-80	34 11 0	76 13 2	50 1 5	122 3 0½	218 14 5½	222 13 4
1880-81	57 10 0	65 13 2½	110 19 5	122 18 0	211 15 5½	215 12 9
1881-82	48 18 6	49 10 7½	71 4 11	117 0 11	145 15 1	243 3 3
1882-83	30 7 0	32 5 1½	123 12 6	116 1 8	87 1 9½	199 18 5½
1883-84	61 4 0	68 11 8	78 3 3	129 10 9½	97 8 3½	84 11 6½
1884-85	46 18 0	25 18 4	84 10 8½	112 3 7½	122 7 10	98 8 5½
1885-86	56 16 0	30 18 11	108 3 8	125 9 3	132 0 7	112 6 7½
1886-87	56 0 0	68 10 4	52 5 10	120 12 1	122 3 10½	71 12 2
1887-88	65 13 4	67 2 7½	61 5 1½	282 0 2½	151 5 11	109 10 2
1888-89	68 14 0	104 15 7	78 5 9	151 5 8	134 8 4	206 19 9
1889-90 (6 mos.)	32 14 6	101 7 0	41 1 5	105 1 0	88 5 11	88 16 2
1890-91	40 12 0	168 9 10	66 16 0	176 3 3½	160 3 0	190 11 7½
1891-92	45 13 6	141 18 3	78 8 3	190 6 2	171 9 4	175 12 2½
1892-93	41 12 6	207 7 7	71 2 8	233 0 6½	177 14 11	187 6 4
1893-94	37 6 6	184 10 4	79 7 0	191 16 0½	177 14 3	194 12 8½
1894-95	37 2 8	195 3 4	68 5 11	239 19 2¾	194 10 8	234 16 1½
1895-96	39 7 9	197 17 10	47 11 8	238 19 3	197 18 11	235 4 9½
1896-97	33 7 6	194 1 4	50 10 2½	259 7 7	219 4 9	242 16 10½
1897-98	51 0 6	238 4 2½	64 2 11	289 1 8	262 7 3¼	366 2 3½
1898-99	31 10 2½	253 15 2½	68 2 4½	164 17 3¾	153 12 11½	215 13 5¼
1899-1900	35 0 3	218 16 1	72 12 6½	144 19 2½	137 17 9	251 17 1½
1900-1901	39 1 6	133 0 2	45 0 9	163 15 7½	149 17 7	265 3 6½
1901-1902	43 0 6	210 15 0	61 17 4	147 17 7¼	145 14 8¾	254 2 4
1902-1903	44 13 0	220 11 10	46 2 5	171 10 1¾	151 0 4½	262 12 1¾
1903-1904	60 16 0	220 18 3	79 18 4	187 6 10	153 2 4½	266 15 0¾
1904-1905	42 6 6	180 14 6	73 2 2	138 5 6	88 1 2	212 15 3
1905-1906	24 18 3	271 2 6	73 5 7	180 2 5	81 17 3	217 14 1½
1906-1907	22 8 6	318 1 4	64 19 0	162 14 0	33 9 0½	198 13 5
1907-1908	36 19 6	288 18 11½	72 19 6	134 14 0	40 0 6½	302 2 11

TABLE No. XVIII, *continued.*

Year.	Removal of Lunatics.	Scaven- gery.	Furniture Public Depart- ments.	Total Cost.	Amount of Reimburse- ments-in- Aid.	Net Cost.	Weekly Rate per Head.	Admitted during the Year.		
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	Male.	Fe- male.	Total.
1872-73	0 4 0	...	...	5,416 1 6 ³ / ₄	328 8 0	5,087 13 6 ³ / ₄	0 8 2 ¹ / ₄	50	44	94
1873-74	23 4 0	...	...	6,104 4 7 ³ / ₄	700 6 0	5,403 18 7 ³ / ₄	0 7 1 ³ / ₄	59	44	103
1874-75	16 19 0	...	...	6,682 18 0	888 1 6	5,844 16 6	0 6 10 ³ / ₄	46	38	84
1875-76	4 0 0	...	...	6,671 15 1 ¹ / ₂	752 1 6	5,919 13 7 ¹ / ₂	0 6 11 ³ / ₄	58	43	101
1876-77	17 12 8	...	...	6,473 11 5 ¹ / ₂	827 5 0	5,646 6 5 ¹ / ₂	0 6 3 ³ / ₄	69	43	112
1877-78	19 0 3	...	...	6,774 6 4 ¹ / ₂	764 18 10	6,009 7 6 ¹ / ₂	0 6 4 ¹ / ₂	54	49	103
1878-79	11 0 6	...	...	7,004 8 11	159 12 10	6,844 16 1	0 7 2 ¹ / ₄	53	51	104
1879-80	14 2 10	...	...	7,007 0 10 ¹ / ₂	168 7 8	6,908 13 2 ¹ / ₂	0 6 11	56	59	115
1880-81	30 9 8	...	...	7,251 9 2	191 7 2	7,060 2 0	0 7 4	65	42	107
1881-82	26 9 6	...	...	6,846 13 2 ¹ / ₂	134 16 1	6,711 17 1 ¹ / ₂	0 7 2	42	56	98
1882-83	25 10 4	...	...	7,061 16 9 ¹ / ₂	189 14 5	6,872 2 4 ¹ / ₂	0 7 2 ³ / ₄	73	68	141
1883-84	24 13 0	..	...	6,935 14 2 ¹ / ₂	208 6 2	6,727 8 0 ¹ / ₂	0 6 5 ³ / ₄	80	59	139
1884-85	19 10 0	...	...	6,871 12 6	252 13 2	6,618 19 4	0 6 4	56	64	120
1885-86	28 18 1	...	...	7,027 7 3	376 6 9	6,651 0 6	0 6 8	69	70	139
1886-87	30 11 0	...	...	7,067 10 4 ¹ / ₂	415 15 7	6,651 14 9 ¹ / ₂	0 6 3 ¹ / ₂	79	62	141
1887-88	24 2 9	...	...	7,700 5 6	365 4 7	7,345 0 11	0 7 0	78	71	149
1888-89	15 4 9	...	...	8,781 14 0	391 0 6	8,390 13 6	0 7 4	92	69	161
1889-90(6 mos.)	10 9 0	...	...	4,755 14 0	151 13 5	4,604 0 7	0 7 7	39	43	82
1890-91	22 1 0	...	...	10,093 10 7 ¹ / ₂	301 10 0	9,792 0 7 ¹ / ₂	0 7 7	93	79	172
1891-92	25 3 6	207 5 0	...	11,578 17 2 ¹ / ₂	471 6 10	11,107 10 4 ¹ / ₂	0 7 8 ³ / ₄	80	106	186
1892-93	19 3 6	195 12 8	261 0 4	11,453 1 3 ³ / ₄	532 6 0	10,920 15 3 ³ / ₄	0 7 7	78	80	158
1893-94	18 7 9	192 19 0	62 0 6	11,280 18 1	492 16 4	10,788 1 9	0 7 2	75	78	153
1894-95	19 6 6	193 9 4 ¹ / ₂	49 5 0	11,648 15 6 ¹ / ₂	384 2 8	11,264 12 10 ¹ / ₂	0 7 3 ¹ / ₂	84	85	169
1895-96	27 7 6	192 0 2	47 8 11	11,867 3 1 ¹ / ₂	418 13 6	11,448 9 7 ³ / ₄	0 6 10 ¹ / ₂	90	84	174
1896-97	27 12 0	208 4 0	50 0 0	12,901 18 4 ¹ / ₂	458 15 2	12,443 3 2 ¹ / ₂	0 6 10 ¹ / ₂	81	106	187
1897-98	19 0 3	199 11 1	99 14 2	14,061 12 9	532 18 9	13,528 13 1	0 6 10	109	95	204
1898-99	39 10 9	126 0 11	...	13,651 4 1	359 10 8	13,291 13 5	0 6 7	88	80	168
1899-1900	24 13 6	104 5 3	...	13,559 10 1	454 9 1	1,305 1 0	0 6 4	96	93	189
1900-1901	26 4 3	116 12 7	163 0 4	14,445 3 2 ¹ / ₂	525 8 5	13,919 14 9 ¹ / ₂	0 6 4	104	96	200
1901-1902	29 5 9	115 12 6	42 12 0	14,759 17 8	547 3 10 ¹ / ₂	14,212 13 9 ¹ / ₂	0 6 4	99	83	182
1902-1903	22 6 9	111 10 5	94 12 11	15,029 0 6	517 18 1 ¹ / ₂	14,511 2 4 ¹ / ₂	0 6 1	118	108	226
1903-1904	17 5 9	22 0 5	35 10 6	16,017 7 10	406 6 2	15,611 1 8	0 6 2	105	101	206
1904-1905	19 18 0	17 17 1	50 18 0	16,006 5 3	449 9 2	15,557 12 10	0 5 10	124	116	240
1905-1906	30 11 3	3 18 0	190 17 10	16,852 9 7 ¹ / ₂	631 19 11 ¹ / ₂	16,220 9 8	0 5 11	134	96	230
1906-1907	35 18 3	...	4 19 6	16,298 17 10	654 4 3 ¹ / ₂	15,644 13 0 ¹ / ₂	0 5 10	109	125	234
1907-1908	30 12 9	2 16 3	...	17,078 8 3	474 1 3	16,604 7 0	0 6 3 ¹ / ₄	148	131	279

Year.	Lighting.
1907-1908	166 9 2

